Fill in this information to identify your case:	
United States Bankruptcy Court for the:	
SOUTHERN DISTRICT OF ILLINOIS	
Case number (if known)	Chapter you are filing under:
	Chapter 7
	☐Chapter 11
	☐Chapter 12
	☐Chapter 13

B 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on	Karl	
	your government-issued picture identification (for	First name	 First name
	example, your driver's	Irvin	
	license or passport).	Middle name	 Middle name
	Bring your picture	Buckman	
	identification to your meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	 Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-6890	

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Debtor 1 Karl Irvin Buckman Case number (if known) About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and ☐ have not used any business name or EINs. **Employer Identification** FDBA Subliminal Restaurant Group, Inc. Numbers (EIN) you have FDBA Zick Restaurant Group, Inc. used in the last 8 years FDBA PPB, LLC have not used any business name or EINs. FDBA BEP, LLC FDBA MCG Restaurant Group, Inc Include trade names and Business name(s) Business name(s) doing business as names EINs EINs Where you live If Debtor 2 lives at a different address: 320 N. Library Street Waterloo, IL 62298 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Monroe County County If Debtor 2's mailing address is different from yours, fill it If your mailing address is different from the one above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Check one:

#### Why you are choosing this district to file for bankruptcy

#### Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason. Explain. (See 28 U.S.C. § 1408.)

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason. Explain. (See 28 U.S.C. § 1408.)

Debtor 1 Karl Irvin Buckman					Case number (if known)			
Par	t 2: Tell the Court About	Your Bankruptcy C	ase					
7.	The chapter of the Bankruptcy Code you are	Check one. (For a (Form 2010)). Also	v 11 U.S.C. § 342(b) for Individuals Filing for Bote box.	ankruptcy				
	choosing to file under	■ Chapter 7						
		☐Chapter 11						
		☐Chapter 12						
		☐Chapter 13						
8.	How you will pay the fee	about how y	entire fee when I file my petition. Please check with the clerk's office in your local court for more du may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or mattorney is submitting your payment on your behalf, your attorney may pay with a credit card or check address.					
					ion, sign and attach the Application for Individu	uals to Pay		
		•	ee in Installments (Officet my fee be waived	•	on only if you are filing for Chapter 7. By law, a	iudae may		
		but is not re-	quired to, waive your for to your family size and	ee, and may do so only if you are unable to pay the	for this if you are thing for chapter 7. By law, a our income is less than 150% of the official po fee in installments). If you choose this option, (Official Form 103B) and file it with your petition	verty line you must fill		
9.	Have you filed for	■No.						
	bankruptcy within the last 8 years?	□Yes.						
		District		When	Case number			
		District		When	Case number			
		District		When	Case number			
10.	Are any bankruptcy	■No						
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	<u></u> Yes.						
		Debtor			Relationship to you			
		District		When	Case number, if known			
		Debtor			Relationship to you			
		District		When	Case number, if known			
11.	Do you rent your residence?	■No. Go to	line 12.					
		□Yes. Has y	our landlord obtained	an eviction judgment agains	st you and do you want to stay in your residen	ce?		
			No. Go to line 12.					
			Yes. Fill out <i>Initial Stankruptcy</i> petition.	tatement About an Eviction	Judgment Against You (Form 101A) and file i	t with this		

Deb	otor 1 Karl Irvin Buckma	an			Case number (if known)		
Par	Report About Any Bu	ısinesses	You Owr	n as a Sole Proprie	tor		
	Are you a sole proprietor of any full- or part-time business?	■No.	■No. Go to Part 4.				
	business:	□Yes.	Name	e and location of bus	siness		
	A sole proprietorship is a	<b>□</b> 1 €3.		, a			
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	e of business, if any			
	If you have more than one sole proprietorship, use a		Numl	ber, Street, City, Sta	tte & ZIP Code		
	separate sheet and attach it to this petition.		Chec	k the appropriate bo	ox to describe your business:		
	·				ness (as defined in 11 U.S.C. § 101(27A))		
				Single Asset Rea	Estate (as defined in 11 U.S.C. § 101(51B))		
				Stockbroker (as d	lefined in 11 U.S.C. § 101(53A))		
				Commodity Broke	er (as defined in 11 U.S.C. § 101(6))		
				None of the above	e		
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline operatio	es. If you in ns, cash-f S.C. 1116	ndicate that you are flow statement, and (1)(B).	court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure		
	For a definition of small	■No.	I am not filing under Chapter 11.				
	business debtor, see 11 U.S.C. § 101(51D).	□No.	I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.				
		□Yes.	I am	filing under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.		
Par	t 4: Report if You Own or	r Have An	y Hazardo	ous Property or An	y Property That Needs Immediate Attention		
14.	Do you own or have any	■No.					
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to	□Yes.	What is	the hazard?			
	public health or safety? Or do you own any property that needs immediate attention?			diate attention is , why is it needed?			
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where i	is the property?			
	- ,				Number, Street, City, State & Zip Code		

Debtor 1 Karl Irvin Buckman Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes

me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes 

me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military

combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable

of realizing or making rational decisions about finances.

Disability. My physical disability causes me to

be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried

to do so.

Active duty. I am currently on active military duty

in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Karl Irvin Buckman				Case number	Case number (if known)			
Par	t 6: Answer These Quest	ions for Rep	orting Purposes					
16.	What kind of debts do you have?		Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."					
			No. Go to line 16b.					
			Yes. Go to line 17.					
				siness debts? Business debts are debts stment or through the operation of the bus				
			No. Go to line 16c.					
			Yes. Go to line 17.					
		16c. S	state the type of debts you ov	we that are not consumer debts or busine	ss debts			
17.	Are you filing under Chapter 7?	□No. I	am not filing under Chapter	7. Go to line 18.				
	Do you estimate that after any exempt property is excluded and administrative expenses	<b>—</b> 100.	xpenses are paid that funds	o you estimate that after any exempt prowill be available to distribute to unsecure				
	are paid that funds will		No					
	be available for distribution to unsecured creditors?	Γ	]Yes					
18.		<b>■</b> 1-49		<b>1</b> ,000-5,000	<b>2</b> 5,001-50,000			
	you estimate that you owe?	<b>□</b> 50-99		<b>□</b> 5001-10,000	<b>5</b> 0,001-100,000			
		□100-199 □200-999		<b>□</b> 10,001-25,000	☐More than100,000			
19.	How much do you	<b>□</b> \$0 - \$50,	000	□\$1,000,001 - \$10 million	□\$500,000,001 - \$1 billion			
	estimate your assets to be worth?	\$50,001		□\$10,000,001 - \$50 million	□\$1,000,000,001 - \$10 billion			
	DC WOITH:		- \$500,000	☐\$50,000,001 - \$100 million ☐\$100,000,001 - \$500 million	☐\$10,000,000,001 - \$50 billion ☐More than \$50 billion			
		<b>∟</b> \$500,001	- \$1 million		Note than \$50 billion			
20.	How much do you	<b>□</b> \$0 - \$50,	000	<b>□</b> \$1,000,001 - \$10 million	□\$500,000,001 - \$1 billion			
	estimate your liabilities to be?	□\$50,001		\$10,000,001 - \$50 million	\$1,000,000,001 - \$10 billion			
			- \$500,000 - \$1 million	□\$50,000,001 - \$100 million □\$100,000,001 - \$500 million	☐\$10,000,000,001 - \$50 billion ☐More than \$50 billion			
Don	Cian Dalam							
	t 7: Sign Below							
For	you	i nave exar	nined this petition, and I dec	lare under penalty of perjury that the infor	mation provided is true and correct.			
				I am aware that I may proceed, if eligible lief available under each chapter, and I c	e, under Chapter 7, 11,12, or 13 of title 11, hoose to proceed under Chapter 7.			
				ot pay or agree to pay someone who is n e notice required by 11 U.S.C. § 342(b).	ot an attorney to help me fill out this			
		I request re	lief in accordance with the c	hapter of title 11, United States Code, spe	ecified in this petition.			
		bankruptcy 1519, and 3	case can result in fines up to	concealing property, or obtaining money o \$250,000, or imprisonment for up to 20				
			Buckman	Signature of Debto	or 2			
		Executed o	n February 27, 2016	Executed on				
			MM / DD / YYYY		1/DD/YYYY			

	Case 16-30266-ikg Doc 1	Filed 02/29/10 F	age 7 01 60			
Debtor 1 Karl Irvin Buckma	an		e number (if known)			
For your attorney, if you are represented by one		ed States Code, and have e	informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. §			
If you are not represented by an attorney, you do not need to file this page.						
	/s/ William A. Mueller Signature of Attorney for Debtor	Date	February 27, 2016 MM / DD / YYYY			
	William A. Mueller Printed name					
	Law Offices of Mueller & Haller - Beller	ville				
	5312 W. Main St Belleville, IL 62226					
	Number, Street, City, State & ZIP Code  Contact phone 618-236-7000	Email address				
	06187732					

Bar number & State

F:II :	Abia inform	ation to identify your				
Debto		nation to identify your				
Debio	и і	Karl Irvin Buckma	Middle Name	Last Name		
Debto (Spouse	or 2 e if, filing)	First Name	Middle Name	Last Name		
United	d States Ban	kruptcy Court for the:	SOUTHERN DISTRICT	Γ OF ILLINOIS		
	number	. ,				
(if know					_	ck if this is an ended filing
		m 106Sum	and Liabilities a	nd Cartain Statistical Information		40/45
Be as inform	complete ar nation. Fill o original form	nd accurate as possib out all of your schedule	le. If two married peoples first; then complete t	nd Certain Statistical Information e are filing together, both are equally responsible f the information on this form. If you are filing amen ck the box at the top of this page.		
						assets e of what you own
		<b>B: Property</b> (Official Fo			. \$	148,000.00
1	1b. Copy line	e 62, Total personal prop	perty, from Schedule A/B		. \$	6,137.00
1	1c. Copy line	63, Total of all property	on Schedule A/B		\$	154,137.00
Part 2	Summa	rize Your Liabilities				
						<b>liabilities</b> unt you owe
			aims Secured by Propert nn A, Amount of claim, a	y (Official Form 106D) t the bottom of the last page of Part 1 of <i>Schedule D</i>	\$	141,000.00
3. 3	Schedule E/F Ba. Copy the	F: Creditors Who Have to total claims from Part	Unsecured Claims (Official 1 (priority unsecured clain	al Form 106E/F) ms) from line 6e of <i>Schedule E/F</i>	\$	24,502.00
3	Bb. Copy the	e total claims from Part	2 (nonpriority unsecured	claims) from line 6j of Schedule E/F	\$_	273,317.72
				Your total liabilities	\$	438,819.72
Part 3	Summa	rize Your Income and	Expenses			
		Your Income (Official Foombined monthly income		le I	\$	6,128.03
		Your Expenses (Official onthly expenses from line			\$	6,016.00
Part 4	Answer	These Questions for	Administrative and Stat	tistical Records		
_	-	•	er Chapters 7, 11, or 13? on this part of the form. (	? Check this box and submit this form to the court with y	our other	schedules.
7. <b>I</b>	■ Yes What kind o	f debt do you have?				
ſ	☐ Your de	ebts are primarily cons	sumer debts. Consumer	debts are those "incurred by an individual primarily for	a person	al, family, or

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

#### Case 16-30266-lkg Doc 1 Filed 02/29/16 Page 9 of 60

Debtor 1 Karl Irvin Buckman

Case number (if known) \_

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$				
1				

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	24,502.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	26,222.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	50,724.00

Fill in this info	mation to identify ve	viv acce and th	in filing.				
	mation to identify yo		iis iiiiig.				
Debtor 1	Karl Irvin Buck	k <b>man</b> Middle	Name Last Name				
Debtor 2							
(Spouse, if filing)	First Name	Middle	Name Last Name				
United States Ba	ankruptcy Court for the	e: SOUTHER	N DISTRICT OF ILLINOIS				
Case number _							☐ Check if this is an amended filing
						'	ŭ
Official Fo	orm 106A/B						
Schedul	le A/B: Pro	perty					12/15
			n asset only once. If an asset fits in o married people are filing together,				
		tion	What is the property? Check all th ☐ Single-family home ☐ Duplex or multi-unit building		amount of	any secured cla	nims or exemptions. Put the nims on <i>Schedule D:</i> ns <i>Secured by Property.</i>
			☐ Condominium or cooperativ☐ Manufactured or mobile hon	е	Current va	lue of the	Current value of the
Waterloo	IL 6	2298-0000	Land		entire prop		portion you own?
City	State	ZIP Code	☐ Investment property		\$14	18,000.00	\$148,000.00
			☐ Timeshare ☐ Other Who has an interest in the properone. ☐ Debtor 1 only	rty? Check	(such as fe	ee simple, tena e), if known.	our ownership interest ancy by the entireties, or
Monroe			☐ Debtor 2 only				
County			☐ Debtor 1 and Debtor 2 only  ☐ At least one of the debtors a  Other information you wish to ad property identification number:	d about this iter Residienti 2 Stories,	☐ (see i	nstructions) al tate ng, 4	munity property
				<u> </u>			
	nave attached for Pa		r all of your entries from Part 1 number here				\$148,000.00

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Deb	tor 1 K	Karl Irvin Buckm	an		Case number (if known)	
3. <b>C</b> a	ars, vans,	, trucks, tractors,	sport utility ve	chicles, motorcycles		
	No					
	Yes					
2.4	Make	Chevy		Who has an interest in the ground of Charleson	Do not deduct sec	ured claims or exemptions. Put
3.1		Trail Blazer		Who has an interest in the property? Check one.	the amount of any	secured claims on Schedule D:
	Model: Year:	2004		Debtor 1 only		ve Claims Secured by Property.
		nate mileage:	278,000	Debtor 2 only Debtor 1 and Debtor 2 only	Current value of tentire property?	the Current value of the portion you own?
		formation:	210,000	At least one of the debtors and another	ciliio pi opolity i	polition you out
	4WD -	Not Running				
	Locati	on: 320 N. Libra loo IL 62298	ry Street,	☐Check if this is community property (see instructions)	\$1,500	0.00 \$1,500.00
	No 'es .dd the do	ollar value of the p	portion you ow	rn for all of your entries from Part 2, includin	ng any entries for	\$4 F00 00
				that number here		\$1,500.00
Part :	3: Descri	be Your Personal an	d Household Ite	ms		
·			·	terest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
E		, ,,		, china, kitchenware		
	ires. Des	Sto Vac Ba Co Kn Ca 4 C Ch Sp	cuums, 2 Ele rbecue Grill, ffee Maker, k ives, 6 Kitche binet/Hutch, hairs, Entert est, 3 Bed Fr read, Desk	ve, Refrigerator, Dishwasher, Covection ctric Knives, Washing Machine, Dryer, I Air Conditioner, Space Heater, Toaster, Kitchen Table, Dinnerware/Dishes, Pots/en Chairs, Dining Room Table, China 8 Dining Room Chairs, Servers, Buffet, ainment Center, 2 Chest of Drawers, Cames, 7 Lamps, 2 Mirrors, Various Line	Freezer, , Deep Fryer, /Pans, 2 Couches, edar/Hope	
				l. Library Street, Waterloo IL 62298 erest = \$742.00		\$742.00
E		Televisions and raincluding cell phonorscribe  4 T	es, cameras, n elevisions, C cation: 320 N	eo, stereo, and digital equipment; computers, p nedia players, games Computer, DVD Player, Laptop, Printer, 0 I. Library Street, Waterloo IL 62298 erest = \$132.50		collections; electronic devices
E		other collections, r		prints, or other artwork; books, pictures, or othe illectibles	er art objects; stamp, coi	n, or baseball card collections;

Official Form 106A/B Schedule A/B: Property page 2

Debtor 1	Karl Irvin Bu	ckman	Case number (if known)	
		100 Books, 80 Compact Disks, 1 Print Location: 320 N. Library Street, Waterloo IL 62298 Debtor's 1/2 interest = \$190.00		\$190.00
Example ■No	ent for sports ar es: Sports, photog musical instru	graphic, exercise, and other hobby equipment; bicycles, pool tables	s, golf clubs, skis; canoes a	nd kayaks; carpentry tools;
■No		, shotguns, ammunition, and related equipment		
□No		thes, furs, leather coats, designer wear, shoes, accessories		
	20001100	Clothing		\$200.00
 13. <b>Non-fa</b> <i>Examp</i> 	Describe  rm animals  oles: Dogs, cats, b	pirds, horses		
	200020	2 Dogs, 1 Cat		\$0.00
□No	her personal and	household items you did not already list, including any health mation  Patio Furniture, 4 Chairs/Benches, Leaf Blower, Push I Location: 320 N. Library Street, Waterloo IL 62298 Debtor's 1/2 interest = \$22.50		\$22.50
		of all of your entries from Part 3, including any entries for page	es you have attached	\$1,287.00
	scribe Your Financ vn or have any le	al Assets gal or equitable interest in any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
□No		ave in your wallet, in your home, in a safe deposit box, and on han	d when you file your petitio	n
			Cash on Hand Balance as of February 27,	\$0.00

Official Form 106A/B

page 3

De	ebtor 1 Karl Irvin Bu	ckman	l		Case number (if known)	
				counts; certificates of deposit; s s with the same institution, list	shares in credit unions, brokerage houses, each.	and other similar
	<b>■</b> Yes			Institution name:		
	1 es			First & Bank		
		17.1.	Checking	Account ending wi Balance of accoun	ith #32 it on February 27, 2016	\$1,950.00
		17.2.	Savings	First & Bank Account ending wi Balance of accoun	ith # It as of February 27, 2016	\$400.00
	Bonds, mutual funds, Examples: Bond funds, ■No			rokerage firms, money market	accounts	
	Yes		Institution or issuer	name:		
	and joint venture  □No			•	businesses, including an interest in an	LLC, partnership,
	Yes. Give specific info		about them		% of ownership:	
			ıbliminal Restaur osed	ant Group, Inc	51% %	\$0.00
	■No □Yes. Give specific info		about them suer name:		•	
				403(b), thrift savings accounts	s, or other pension or profit-sharing plans	
	■No  Yes. List each account	senarat	elv			
		•	of account:	Institution name:		
		d depos	its you have made se	o that you may continue servic, public utilities (electric, gas, v	ce or use from a company water), telecommunications companies, or	others
	Yes			Institution name or ind	ividual:	
	Annuities (A contract fo	or a perio	odic payment of mon	ney to you, either for life or for	a number of years)	
		suer nan	ne and description.			
	26 U.S.C. §§ 530(b)(1),			qualified ABLE program, or ι	under a qualified state tuition program.	
	■No □Yes In	stitution	name and descriptio	on. Separately file the records	of any interests.11 U.S.C. § 521(c):	
	Trusts, equitable or fu ■No	ture inte	erests in property (	other than anything listed in	line 1), and rights or powers exercisable	e for your benefit
	■Yes. Give specific info	rmation	about them			
				nd other intellectual propert eds from royalties and licensin		

Official Form 106A/B Schedule A/B: Property page 4

■Yes. Give specific information about them...

Debtor 1	1 Karl Irvin Buckman Case number (if known)  National Service Mark - Subliminal Restaurant \$0.0						
<i>Exam</i> ■No	ses, franchises, and other general ples: Building permits, exclusive lines are given specific information about the	censes, cooperative association ho	oldings, liquor licens	ses, professional licens	ses		
Money or	property owed to you?				Current value of the		
					portion you own?  Do not deduct secured claims or exemptions.		
□No	funds owed to you  Give specific information about th	em, including whether you already	filed the returns and	d the tax years			
				]			
		2015 Income Tax Refund		Federal and Sta	ste \$1,000.00		
■No		ny, spousal support, child support,	maintenance, divor	ce settlement, propert	y settlement		
	amounts someone owes you ples: Unpaid wages, disability insu benefits; unpaid loans you n	urance payments, disability benefits nade to someone else	s, sick pay, vacatior	n pay, workers' compe	ensation, Social Security		
□Yes.	Give specific information						
	sts in insurance policies  ples: Health, disability, or life insu	rance; health savings account (HS/	A); credit, homeowr	ner's, or renter's insura	ince		
	Name the insurance company of Company	. ,	Beneficiar	y:	Surrender or refund		
	Term Life	Insurance Policy	Wife		value: <b>\$0.00</b>		
If you somed ■No	are the beneficiary of a living trus one has died.  Give specific information	u from someone who has died t, expect proceeds from a life insura	ance policy, or are o	currently entitled to rec	eive property because		
		or not you have filed a lawsuit or utes, insurance claims, or rights to		for payment			
□Yes.	Describe each claim						
■No	contingent and unliquidated classification  Describe each claim	nims of every nature, including co	ounterclaims of th	e debtor and rights t	o set off claims		
	nancial assets you did not alrea	dy list					
■No	Give specific information						
∐1 €3.	One specific information						
	•	tries from Part 4, including any e			\$3,350.00		

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

Schedule A/B: Property

page 5

Debt	or 1	Karl Irvin Buckman		Case number (if known)	
	lo. Go	own or have any legal or equitable interest in any business-relate to Part 6. o to line 38.	ed property?		
Part 6		scribe Any Farm- and Commercial Fishing-Related Property You ou own or have an interest in farmland, list it in Part 1.	Own or Have an Interest	ln.	
I	No. (	I own or have any legal or equitable interest in any farm Go to Part 7. Go to line 47.	n- or commercial fishi	ng-related property?	
					Current value of the portion you own? Do not deduct secured claims or exemptions.
	<b>ο yοι</b> Ε <i>χαπι</i> Νο	scribe All Property You Own or Have an Interest in That You Did  I have other property of any kind you did not already lis  Dies: Season tickets, country club membership			
		Give specific information	hat number here		\$0.00
Part 8		t the Totals of Each Part of this Form  1: Total real estate, line 2			\$148,000.00
56. 57. 58. 59.	Part 2 Part 3 Part 4	2: Total real estate, line 2 2: Total vehicles, line 5 3: Total personal and household items, line 15 4: Total financial assets, line 36 5: Total business-related property, line 45 6: Total farm- and fishing-related property, line 52	\$1,500.00 \$1,287.00 \$3,350.00 \$0.00 \$0.00		<b></b>
61.	Part 7	7: Total other property not listed, line 54  personal property. Add lines 56 through 61	\$6,137.00	Copy personal property to	otal <b>\$6,137.00</b>
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$154,137.00

Official Form 106A/B Schedule A/B: Property page 6

			9		ŭ	1
31	ll in this inform	ation to identify your case:				
De	ebtor 1	Karl Irvin Buckman First Name	Middle Name	L	ast Name	
	ebtor 2					
(Sp	oouse if, filing)	First Name	Middle Name		ast Name	
Ur	nited States Ban	kruptcy Court for the: SOU	THERN DISTRICT OF	ILLIN	OIS	
	ase number					☐ Check if this is an amended filing
0	fficial For	m 106C				
S	chedule	C: The Prope	erty You Cla	im	as Exempt	12/15
the nee and <b>Fo</b> spe any fun	property you liseded, fill out and dicase number ( reach item of pecific dollar amy applicable stands—may be unemption to a pa	ted on Schedule A/B: Propertical attach to this page as many of the first tendency of tendency o	y (Official Form 106A/B copies of <i>Part 2: Addition</i> of the copies of <i>Part 2: Addition</i> of the copies of the copi	) as yo onal Pa ne amo full fa r heal n exer	our source, list the property that you age as necessary. On the top of any ount of the exemption you claim. It market value of the property be the aids, rights to receive certain mustion of 100% of fair market value of the market value.	y additional pages, write your name  One way of doing so is to state a sing exempted up to the amount of benefits, and tax-exempt retirement
		the Property You Claim as	Exempt			
1.	Which set of	exemptions are you claimin	g? Check one only, eve	en if yo	our spouse is filing with you.	
	You are clair	ming state and federal nonbar	nkruptcy exemptions. 1	11 U.S	S.C. § 522(b)(3)	
	□You are clair	ming federal exemptions. 11	U.S.C. § 522(b)(2)			
2.	For any prope	erty you list on Schedule A/l	B that you claim as exc	empt,	fill in the information below.	
		n of the property and line on nat lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
	Schedule A/B ti	iat lists tills property	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
		bary Street Waterloo, IL	\$148,000.00		\$15,000.00	735 ILCS 5/12-901
	62298 Monr Residiential 2 Stories, Vi 2 1/2 Bathro Line from School	Real Estate nyl Siding, 4 Bedrooms, oms			100% of fair market value, up to any applicable statutory limit	
	2004 Chevy miles	Trail Blazer 278,000	\$1,500.00		\$1,500.00	735 ILCS 5/12-1001(c)
	4WD - Not F	20 N. Library Street, 62298			100% of fair market value, up to any applicable statutory limit	
		owave, Refrigerator, , Covection Oven, 2	\$742.00		\$742.00	735 ILCS 5/12-1001(b)
	Vacuums, 2 Machine, Dr Grill, Air Co Toaster, Dec	Electric Knives, Washing yer, Freezer, Barbecue nditioner, Space Heater, ep Fryer, Coffee Maker, lle, Dinnerware/Dishes,	g		100% of fair market value, up to any applicable statutory limit	

Pots/Pans, Knives Line from Schedule A/B: 6.1

		Case number (if known)	
Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
	•	\$132.50	735 ILCS 5/12-1001(b)
		100% of fair market value, up to any applicable statutory limit	
\$190.00		\$190.00	735 ILCS 5/12-1001(b)
		100% of fair market value, up to any applicable statutory limit	
\$200.00		\$200.00	735 ILCS 5/12-1001(a)
		100% of fair market value, up to any applicable statutory limit	
\$0.00		\$0.00	735 ILCS 5/12-1001(b)
		100% of fair market value, up to any applicable statutory limit	
\$22.50	•	\$22.50	735 ILCS 5/12-1001(b)
		100% of fair market value, up to any applicable statutory limit	
\$0.00		\$0.00	735 ILCS 5/12-1001(b)
		100% of fair market value, up to any applicable statutory limit	
\$1,950.00		\$1,913.00	735 ILCS 5/12-1001(b)
		100% of fair market value, up to any applicable statutory limit	
\$400.00	•	\$400.00	735 ILCS 5/12-1001(b)
		100% of fair market value, up to any applicable statutory limit	
\$1,000.00		\$600.00	735 ILCS 5/12-1001(b)
		100% of fair market value, up to any applicable statutory limit	
			ent.)
	\$1,950.00  \$1,950.00  \$1,000.00	\$1,950.00	Current value of the portion you own Copy the value from Schedule A/B  \$132.50  \$132.50  \$132.50  \$190.00  \$190.00  \$100% of fair market value, up to any applicable statutory limit  \$200.00  \$200.00  \$100% of fair market value, up to any applicable statutory limit  \$0.00  \$22.50  \$0.00 of fair market value, up to any applicable statutory limit  \$100% of fair market value, up to any applicable statutory limit  \$22.50  \$22.50  \$0.00 of fair market value, up to any applicable statutory limit  \$1,950.00  \$1,913.00  \$1,00% of fair market value, up to any applicable statutory limit  \$1,950.00  \$1,913.00  \$400.00  \$400.00  \$1,00% of fair market value, up to any applicable statutory limit  \$1,000.00  \$400.00  \$1,00% of fair market value, up to any applicable statutory limit  \$400.00  \$400.00  \$1,00% of fair market value, up to any applicable statutory limit  \$1,000.00  \$1,00% of fair market value, up to any applicable statutory limit  \$400.00  \$1,00% of fair market value, up to any applicable statutory limit  \$1,000.00  \$1,00% of fair market value, up to any applicable statutory limit

Official Form 106C

Fill in this infor	mation to identify yoເ	ır case:			
Debtor 1	Karl Irvin Buckr	nan			
	First Name	Middle Name Last Name		-	
Debtor 2	First Name	Middle News			
(Spouse if, filing)	First Name	Middle Name Last Name			
United States Ba	ankruptcy Court for the	SOUTHERN DISTRICT OF ILLINOIS			
Coco numbor					
Case number _ (if known)				□ Check	if this is an
					ded filing
					· ·
Official Forr	n 106D				
Schedule	D: Creditors	Who Have Claims Secured	l by Propert	V	12/15
		two married people are filing together, both are equa number the entries, and attach it to this form. On the			
known).			., , ,		,
1. Do any creditors	have claims secured by	your property?			
■No. Check	this box and submit th	is form to the court with your other schedules. You	u have nothing else t	o report on this form.	
Yes. Fill in	all of the information b	pelow.			
Part 1: List A	II Secured Claims				
		pare than any accurred claim, list the graditar congretaly fo	_ Column A	Column B	Column C
		nore than one secured claim, list the creditor separately fo articular claim, list the other creditors in Part 2. As much	Amount of claim	Value of collateral	Unsecured
as possible, list the	claims in alphabetical ord	er according to the creditor's name.	Do not deduct the value of collateral.	that supports this claim	portion If any
First Nati	onal Bank of			Ciaiiii	
Waterloo		Describe the property that secures the claim:	\$11,000.00	\$0.00	\$11,000.00
Creditor's Nam	e	Personal Loan for business			
200 0 14	<b>.</b>	secured by CD's of family member			
228 S Ma PO Box 5		As of the date you file, the claim is: Check all that			
Waterloo		apply.  Contingent			
	t, City, State & Zip Code	☐Unliquidated			
		Disputed			
Who owes the de	ebt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only		An agreement you made (such as mortgage or secure	ed		
Debtor 2 only		car loan)			
Debtor 1 and Del	otor 2 only	☐Statutory lien (such as tax lien, mechanic's lien)			
=	e debtors and another	Judgment lien from a lawsuit			
Check if this cla		Dther (including a right to offset)			
Date debt was inc	urred 12/30/12	Last 4 digits of account number 3360			
2.2 Ocwen		Describe the property that secures the claim:	\$130,000.00	\$148,000.00	\$0.00
Creditor's Nam	ne .	320 North Libary Street Waterloo, IL	φ130,000.00	φ140,000.00	Ψ0.00
		62298 Monroe County			
		Residiential Real Estate			
		2 Stories, Vinyl Siding, 4 Bedrooms,			
PO Box 2		As of the date you file, the claim is: Check all that			
	m Beach, FL	apply.			
33416		Contingent			
Number, Stree	t, City, State & Zip Code	Unliquidated			
Who owes the de	ebt? Check one	Disputed  Nature of lien. Check all that apply.			
_	EEEE OHOOK OHO.	An agreement you made (such as mortgage or secure	ed.		
■Debtor 1 only ■Debtor 2 only		car loan)			
Debtor 1 and Del	otor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
	e debtors and another	Judgment lien from a lawsuit			
Check if this cla		Other (including a right to offset) Mortgage	<b>)</b>		
community de	ebt		_		

Official Form 106D

Debtor 1	Tarri Daoman			Case number (if know)	
	First Name	Middle Name	Last Name	_	
Date debt	was incurred	2007	Last 4 digits of account number		
Add the	dollar value of	your entries in Column	A on this page. Write that number here	e: \$141,000.00	]
	the last page of the last number here		llar value totals from all pages.	\$141,000.00	
Part 2:	List Others t	o Be Notified for a D	ebt That You Already Listed		
to collect to	from you for a	debt you owe to someo ebts that you listed in Pa	ied about your bankruptcy for a debt the ne else, list the creditor in Part 1, and the rt 1, list the additional creditors here. If	hen list the collection agency here. Sir	milarly, if you have more than one
Na	me Address	S			
-N	ONE-		On wh	ich line in Part 1 did you ente	r the creditor?
			Last 4	digits of account number	

Fill in	this inform	nation to identify your	case:							
Debto	r 1	Karl Irvin Buckma	an							
		First Name	Middle Name	Last Name						
Debto		First Name	Middle Nieses	Last Name						
(Spouse	e if, filing)	First Name	Middle Name	Last Name						
United	l States Ban	kruptcy Court for the:	SOUTHERN DISTRICT	OF ILLINOIS						
Case	number									
(if know	n)							☐ Check	if this is	an
								amend	ed filing	
Offic	ial Forn	n 106E/F								
			Who Have Unse	ocured Claims	2					40/4E
			Part 1 for creditors with PR			with NOND	DIODITY A	laime Liet	the other	12/15
D: Cred the Con	itors Who Ha Itinuation Pag (if known).	ive Claims Secured by Pr	red Leases (Official Form 106 operty. If more space is need e no information to report in assecured Claims	led, copy the Part you nee	ed, fill it out, n	umber the	entries in	the boxes	on the lef	t. Attach
	Do any credi	itara hava priarity upagay								
1.	Do any oroan	itors have priority unsecu	red claims against you?							
1.	No. Go to F	• •	red claims against you?							
1.		• •	red claims against you?							
	No. Go to F  Yes. List all of you identify what it possible, list the Part 1. If more	Part 2.  The priority unsecured claim type of claim it is. If a claim the claims in alphabetical or than one creditor holds a	ims. If a creditor has more than has both priority and nonprioriorder according to the creditor's particular claim, list the other con, see the instructions for this form.	ity amounts, list that claim he name. If you have more the creditors in Part 3.	nere and show an two priority	both priority unsecured of	and nonpi	riority amou	nts. As m	uch as Page of
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2.	No. Go to F  Yes.  List all of you identify what possible, list to Part 1. If more (For an explation of the Part 1. If more Polymore Polym	Part 2.  The property unsecured claim type of claim it is. If a claim the claims in alphabetical of the claims in alphabetical of the claims of each type of claim anation of each type of claim tia Department of the claim is a Department of the clai	ims. If a creditor has more than has both priority and nonpriority and nonpriority and according to the creditor's particular claim, list the other on, see the instructions for this form.  Last 4 digits of according to the date you fill the date	ity amounts, list that claim he name. If you have more the creditors in Part 3.  orm in the instruction bookle bunt number incurred?  ille, the claim is: Check all unsecured claim:	et.) Total cla	both priority unsecured o	Priority	riority amou out the Con	nts. As motinuation F  Nonpricamount	uch as Page of rity
2.	No. Go to F  Yes.  List all of you identify what possible, list to Part 1. If more (For an explation of the Part 1. If more Polymore Polym	Part 2.  The proof of claim it is. If a claim the claims in alphabetical of the claim one creditor holds a sunation of each type of claim the proof of claim the claims in alphabetical of the claim of each type of claim the proof of claim the	ims. If a creditor has more than has both priority and nonpriority and nonpriority are according to the creditor's particular claim, list the other on, see the instructions for this form.  Last 4 digits of according to the date you fill the date of the date	ity amounts, list that claim he name. If you have more the creditors in Part 3.  orm in the instruction bookle bunt number incurred?  ille, the claim is: Check all unsecured claim:	et.) Total cla  \$ I that apply	both priority unsecured o	Priority	riority amou out the Con	nts. As motinuation F  Nonpricamount	uch as Page of rity
2.	No. Go to F  Yes.  List all of you identify what it possible, list it Part 1. If more (For an expla)  Californi Revenue  Priority Crec PO Box 9  Sacrame  Number Stre  Who incurr  Debtor 1  Debtor 2  Debtor 1  At least o  Check if idebt  Is the claim	Part 2.  The proof of claim it is. If a claim the claims in alphabetical of the claim one creditor holds a sunation of each type of claim the proof of claim the claims in alphabetical of the claim of each type of claim the proof of claim the	ims. If a creditor has more than has both priority and nonpriority and nonpriority and confidence according to the creditor's particular claim, list the other on, see the instructions for this form.  Last 4 digits of according to the date of the date you fill the date with the date of the date	ity amounts, list that claim he name. If you have more the creditors in Part 3.  orm in the instruction bookle bunt number incurred?  ille, the claim is: Check all unsecured claim:	et.)  Total cla  \$  I that apply	both priority unsecured of the secured of the secur	Priority	riority amou out the Con	nts. As motinuation F  Nonpricamount	uch as Page of rity

Missouri Department of Revenue								
Revenue								
	Last 4 digits of account number	4376	\$	23,802	.00 \$	23,80	2.00 \$	;
Priority Creditor's Name PO Box 3375	When was the debt incurred?	2013						
Jefferson City, MO 65105-3375 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all	that app	ly				
Who incurred the debt? Check one.	Contingent							
Debtor 1 only								
Debtor 2 only	□Jnliquidated							
Debtor 1 and Debtor 2 only	Disputed							
☐At least one of the debtors and another								
☐Check if this claim is for a community debt	Type of PRIORITY unsecured cla	nim:						
Is the claim subject to offset?	Domestic support obligations							
No	Taxes and certain other debts you	ou owe the go	vernment					
<u></u> Yes	Claims for death or personal inju	ry while you w	ere intoxi	cated				
	□Other. Specify							
	withl	nolding tax	x from	busines	s, Subl	iminal, L	LC	
List All of Your NONPRIORITY Uns	ecured Claims							
Oo any creditors have nonpriority unsecured	claims against you?							
		entify what type	e of claim	it is. Do not			ncluded in	
han one creditor holds a particular claim, list the Part 2.			e of claim	it is. Do not			ncluded in	Part 1. If ration Page
nan one creditor holds a particular claim, list the Part 2.  Ballas Anesthesia Inc.		more than thr	e of claim	it is. Do not			ncluded in e Continu	i Part 1. If r ation Page l <b>aim</b>
Ballas Anesthesia Inc. Priority Creditor's Name c/o National Healthcare Coll. 700 Spirit of St. Louis Blvd. Ste B	Last 4 digits of account nun  When was the debt incurred	more than thr	e of claim	it is. Do not			ncluded in e Continu Total cl	i Part 1. If r ation Page l <b>aim</b>
han one creditor holds a particular claim, list the Part 2.  Ballas Anesthesia Inc.  Priority Creditor's Name  c/o National Healthcare Coll.	Last 4 digits of account nun  When was the debt incurred	nber All	e of claim ree nonpri	it is. Do not			ncluded in e Continu Total cl	i Part 1. If r ation Page l <b>aim</b>
han one creditor holds a particular claim, list the Part 2.  Ballas Anesthesia Inc.  Priority Creditor's Name c/o National Healthcare Coll. 700 Spirit of St. Louis Blvd. Ste E Chesterfield, MO 63005	Last 4 digits of account nun When was the debt incurred As of the date you file, the c	nber All	e of claim ree nonpri	it is. Do not			ncluded in e Continu Total cl	i Part 1. If r ation Page l <b>aim</b>
han one creditor holds a particular claim, list the Part 2.  Ballas Anesthesia Inc.  Priority Creditor's Name c/o National Healthcare Coll. 700 Spirit of St. Louis Blvd. Ste E Chesterfield, MO 63005  Number Street City State Zlp Code	Last 4 digits of account nun When was the debt incurred	nber All	e of claim ree nonpri	it is. Do not			ncluded in e Continu Total cl	i Part 1. If r ation Page l <b>aim</b>
han one creditor holds a particular claim, list the Part 2.  Ballas Anesthesia Inc.  Priority Creditor's Name c/o National Healthcare Coll. 700 Spirit of St. Louis Blvd. Ste E Chesterfield, MO 63005  Number Street City State Zlp Code  Who incurred the debt? Check one.	Last 4 digits of account nun When was the debt incurred As of the date you file, the c	nber All	e of claim ree nonpri	it is. Do not			ncluded in e Continu Total cl	i Part 1. If r ation Page l <b>aim</b>
Ballas Anesthesia Inc. Priority Creditor's Name c/o National Healthcare Coll. 700 Spirit of St. Louis Blvd. Ste E Chesterfield, MO 63005 Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only	Last 4 digits of account nun  When was the debt incurred  As of the date you file, the c	nber All	e of claim ree nonpri	it is. Do not			ncluded in e Continu Total cl	i Part 1. If r ation Page l <b>aim</b>
Ballas Anesthesia Inc.  Priority Creditor's Name c/o National Healthcare Coll. 700 Spirit of St. Louis Blvd. Ste E Chesterfield, MO 63005 Number Street City State Zlp Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only	Last 4 digits of account num When was the debt incurred  As of the date you file, the c  Contingent	nber All  I?	e of claim ee nonpri	it is. Do not			ncluded in e Continu Total cl	i Þart 1. If r ation Page l <b>aim</b>
han one creditor holds a particular claim, list the Part 2.  Ballas Anesthesia Inc.  Priority Creditor's Name c/o National Healthcare Coll. 700 Spirit of St. Louis Blvd. Ste E Chesterfield, MO 63005  Number Street City State Zlp Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only	Last 4 digits of account num When was the debt incurred  As of the date you file, the c  Contingent  Juliquidated  Disputed	nber All  I?	e of claim ee nonpri	it is. Do not			ncluded in e Continu Total cl	i Þart 1. If r ation Page l <b>aim</b>
Ballas Anesthesia Inc. Priority Creditor's Name c/o National Healthcare Coll. 700 Spirit of St. Louis Blvd. Ste B Chesterfield, MO 63005 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community	Last 4 digits of account num When was the debt incurred  As of the date you file, the c  Contingent  Juliquidated  Disputed Type of NONPRIORITY unse	nber All  1?  Iaim is: Chec	e of claim ree nonpri	it is. Do not iority unsecu	ured clain	ns fill out th	ncluded in e Continu Total cl	i Part 1. If r ation Page l <b>aim</b>
han one creditor holds a particular claim, list the Part 2.  Ballas Anesthesia Inc.  Priority Creditor's Name C/o National Healthcare Coll. 700 Spirit of St. Louis Blvd. Ste E Chesterfield, MO 63005  Number Street City State Zlp Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  At least one of the debtors and another Check if this claim is for a community debt	Last 4 digits of account num When was the debt incurred  As of the date you file, the c  Contingent  Juliquidated  Disputed Type of NONPRIORITY unse	nber All  1?  Iaim is: Chec	e of claim ree nonpri	it is. Do not iority unsecu	at you did	ns fill out th	ncluded in e Continu Total cl	i Þart 1. If r ation Page l <b>aim</b>
han one creditor holds a particular claim, list the Part 2.  Ballas Anesthesia Inc.  Priority Creditor's Name c/o National Healthcare Coll. 700 Spirit of St. Louis Blvd. Ste E Chesterfield, MO 63005  Number Street City State Zlp Code  Who incurred the debt? Check one.  ■Debtor 1 only □Debtor 2 only □At least one of the debtors and another □Check if this claim is for a community debt Is the claim subject to offset?	Last 4 digits of account num When was the debt incurred  As of the date you file, the complete the contingent  Contingent  Juniquidated  Disputed Type of NONPRIORITY unserport as priority claims  Debts to pension or profit-state  Other. Specify  M  Contingent  M  Contingent  M  Contingent  M  Contingent  As of the date you file, the contingent  Contingent  Contingent  M  Contingent  Contingent  As of the date you file, the contingent  Conti	nber All  1?  Iaim is: Chec	reement of and other was obtathe last mber wit. The	it is. Do not ority unsect apply or divorce the similar debt sined from the control of the contr	at you did	edit	ncluded in e Continu Total cl	Part 1. If nation Page

Official Form 106 E/F

Priority Creditor's Name

Debto	or 1 Karl Irvin Buckman	Case number (if know)		
	3234 Bluebird Circle Simi Valley, CA 93063	When was the debt incurred? approx. 2004		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	Contingent		
	Debtor 1 only	_ `		
	Debtor 2 only			
	Debtor 1 and Debtor 2 only	Disputed		
	☐At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	Check if this claim is for a community debt	☐Student loans		
	Is the claim subject to offset?	Dbligations arising out of a separation agreement or divorce that you did not report as priority claims		
	No	Debts to pension or profit-sharing plans, and other similar debts		
	∐Yes	Other. Specify Personal Loan for business	_	
4.3	BlueLand, LLC	Last 4 digits of account number LM52		38,000.00
	Priority Creditor's Name	Last 4 digits of account number LM52	\$	30,000.00
	c/o John Geismann	When was the debt incurred?		
	P.O.Box 321 Highland, IL 62249			
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	Contingent		
	Debtor 1 only			
	Debtor 2 only	□Jnliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	☐At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	Check if this claim is for a community debt	☐Student loans		
	Is the claim subject to offset?	Dbligations arising out of a separation agreement or divorce that you did not report as priority claims		
	No	Debts to pension or profit-sharing plans, and other similar debts		
	∐Yes	Other. Specify  Judgment on business debt	_	
4.4	Citibank NA	Last 4 digits of account number All	\$	2,451.00
	Priority Creditor's Name		*	
	c/o Midland Funding LLC 2365 Northside Drive, Ste. 300 San Diego, CA 92108	When was the debt incurred?		
	Number Street City State 7In Code	As of the date you file the claim is: Check all that apply		

Debtor	1 Karl Irvin Buckman		Case number (if know)		
	Who incurred the debt? Check one.	Contingent			
	Debtor 1 only	Досинидон			
	Debtor 2 only	□Jnliquidated			
	Debtor 1 and Debtor 2 only	Disputed			
	☐At least one of the debtors and another	Type of NONPRIORITY	unsecured claim:		
	□ Check if this claim is for a community	☐Student loans			
	debt Is the claim subject to offset?				
	is the claim subject to onset:	not report as priority clair	of a separation agreement or divorce that you did ns		
	No	Debts to pension or pro	ofit-sharing plans, and other similar debts		
	<u></u> Yes	■Other. Specify	Open Account The debt was obtained from a credit report and the last 4 digits of the account number were redacted from the credit report. Therefore, no account number is listed.	_	
4.5	D & G Restaraunt Supply	Loct A digita of account	t number 952	\$	2,000.00
	Priority Creditor's Name c/o Richard James & Assoc 4317 Northeast Thurston Way Ste 270 Vancouver, WA 98662	Last 4 digits of account When was the debt inco		<b>\$</b>	2,000.00
	Number Street City State Zlp Code	As of the date you file,	the claim is: Check all that apply		
	Who incurred the debt? Check one.	Contingent			
	Debtor 1 only	_			
	Debtor 2 only	□Jnliquidated			
	Debtor 1 and Debtor 2 only	Disputed			
	☐At least one of the debtors and another	Type of NONPRIORITY	unsecured claim:		
	Check if this claim is for a community debt	Student loans			
	Is the claim subject to offset?	Dbligations arising out not report as priority clair	of a separation agreement or divorce that you did ns		
	■No	Debts to pension or pro	ofit-sharing plans, and other similar debts		
	_Yes	Other. Specify	business debt	_	
4.6	GE Capital	Last 4 digits of account	t number All	\$	2,656.00
	Priority Creditor's Name c/o Midland Funding LLC 2365 Northside Drive, Ste. 300 San Diego, CA 92108	When was the debt inco	urred?		
	Number Street City State Zlp Code	As of the date you file,	the claim is: Check all that apply		
	Who incurred the debt? Check one.	Contingent			
	Debtor 1 only				
	Debtor 2 only	□Jnliquidated			
	Debtor 1 and Debtor 2 only	Disputed			
	At least one of the debtors and another	Type of NONPRIORITY	unsecured ciaim:		
	Check if this claim is for a community debt	☐Student loans			
	Is the claim subject to offset?	□ Dbligations arising out not report as priority clair	of a separation agreement or divorce that you did ms		
	No	Debts to pension or pro	ofit-sharing plans, and other similar debts		
	∐Yes	Other. Specify	Open Account	_	

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JC Penney/Synchrony Bank	Last 4 digits of account r	number All	\$	2,10
Priority Creditor's Name PO Box 965007	When was the debt incur		·	
Orlando, FL 32896-5007  Number Street City State Zlp Code	As of the date you file, th	e claim is: Check all that apply		
Who incurred the debt? Check one.	_			
Debtor 1 only	Contingent			
Debtor 2 only	□Jnliquidated			
Debtor 1 and Debtor 2 only	Disputed			
☐At least one of the debtors and another	Type of NONPRIORITY u	nsecured claim:		
☐Check if this claim is for a community debt	☐Student loans			
Is the claim subject to offset?	☐Obligations arising out o not report as priority claims	f a separation agreement or divorce that you did s		
No	Debts to pension or prof	it-sharing plans, and other similar debts		
<b>□</b> Yes	■Other. Specify	Open Account The debt was obtained from a credit report and the last 4 digits of the account number were redacted from th credit report. Therefore, no account number is listed.	<b>e</b> 	
Midland Funding, LLC	Last 4 digits of account r	number SC65	\$	2,45
Priority Creditor's Name c/o Kevin Mortell 1821 Walden Office Square, Ste 400	When was the debt incur	rred?		
Schaumburg, IL 60173  Number Street City State Zlp Code	As of the date you file, th	e claim is: Check all that apply		
Who incurred the debt? Check one.	Contingent			
Debtor 1 only				
Debtor 2 only	□Jnliquidated			
Debtor 1 and Debtor 2 only	Disputed			
☐At least one of the debtors and another	Type of NONPRIORITY u	nsecured claim:		
Check if this claim is for a community debt	☐Student loans			
Is the claim subject to offset?	Dbligations arising out o	f a separation agreement or divorce that you did		
■No	Debts to pension or prof	it-sharing plans, and other similar debts		
∐Yes	Other. Specify	Judgment for business debt		
	Last 4 digits of account r	number All	\$	19
Midwest Therapeutic Endoscopy Priority Creditor's Name c/o Account Resolution Corp. 700 Goddard Avenue Chesterfield, MO 63005	Last 4 digits of account r		\$	19

or 1 Karl Irvin Buckman			Case number (if know)						
Who incurred the debt? Check one.  Debtor 1 only	Contingent								
Debtor 2 only	□Jnliquidated								
Debtor 1 and Debtor 2 only	Disputed								
☐At least one of the debtors and another	Type of NONPRIORITY	unsecured	l claim:						
Check if this claim is for a community debt	☐Student loans								
Is the claim subject to offset?	Dbligations arising out not report as priority clain		ation agreement or divorce that you did						
No	Debts to pension or pro	ofit-sharing	plans, and other similar debts						
<u></u> Yes	■Other. Specify	report accou credit	al bill ebt was obtained from a credit and the last 4 digits of the nt number were redacted from the report. Therefore, no account er is listed.	-					
Missouri Baptist Medical Center	Last 4 digits of account	number	All	\$	471.00				
Priority Creditor's Name c/o One Advantage LLC 7650 Magna Dr. Belleville, IL 62223-3366	When was the debt incu	ırred?							
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply								
Who incurred the debt? Check one.  Debtor 1 only	Contingent								
Debtor 2 only	□Jnliquidated								
Debtor 1 and Debtor 2 only	Disputed								
☐At least one of the debtors and another	Type of NONPRIORITY	NONPRIORITY unsecured claim:							
☐Check if this claim is for a community debt	☐Student loans								
Is the claim subject to offset?	Dbligations arising out not report as priority claim	gations arising out of a separation agreement or divorce that you did port as priority claims							
No	Debts to pension or pro	ofit-sharing	plans, and other similar debts						
<u></u> Yes	Other. Specify	report accou credit	al bill ebt was obtained from a credit and the last 4 digits of the nt number were redacted from the report. Therefore, no account er is listed.	-					
Missouri Department of Labor & Ind	Last 4 digits of account	number	415	\$	2,194.57				
Priority Creditor's Name Division of Employment Security PO Box 59	When was the debt incu	ırred?	2013						
Jefferson City, MO 65104-0059  Number Street City State Zlp Code	As of the date you file, t	he claim i	s: Check all that apply						

Debtor '	1 Karl Irvin Buckman	Case number (if know)		
	Who incurred the debt? Check one.	□ Contingent		
	Debtor 1 only			
	Debtor 2 only	□Jnliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	☐At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	Check if this claim is for a community debt	☐Student loans		
	Is the claim subject to offset?	Dbligations arising out of a separation agreement or divorce that you did not report as priority claims		
	No	Debts to pension or profit-sharing plans, and other similar debts		
	_Yes	Other. Specify business debt	-	
4.12	Navient	Last 4 digits of account number All	\$	26,222.00
	Priority Creditor's Name PO Box 9500	When was the debt incurred?		
	Wilkes Barre, PA 18773  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	□ Contingent		
	Debtor 1 only			
	Debtor 2 only	□Jnliquidated		
	Debtor 1 and Debtor 2 only	□Disputed		
	☐At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐Check if this claim is for a community debt	Student loans		
	Is the claim subject to offset?	☐Dbligations arising out of a separation agreement or divorce that you did not report as priority claims		
	No	Debts to pension or profit-sharing plans, and other similar debts		
	∐Yes	□ Dther. Specify		
		Student loan	•	
		The debt was obtained from a credit report and the last 4 digits of the account number were redacted from the credit report. Therefore, no account number is listed.		
4.13	Sears Credit Cards	Last 4 digits of account number 5336	\$	2,451.29
	Priority Creditor's Name PO Box 183082	When was the debt incurred?		
	Columbus, OH 43218-3082  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	□ Contingent		
	Debtor 1 only			
	Debtor 2 only	□Jnliquidated		
	Debtor 1 and Debtor 2 only	□Disputed		
	☐At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	Check if this claim is for a community debt	☐Student loans		
	Is the claim subject to offset?	□Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■No	Debts to pension or profit-sharing plans, and other similar debts		
	<u></u> Yes	Other. Specify  Open Account		
4.14	St. Anthony's Medical Center	Last 4 digits of account number All	\$	75.00

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Debto	r 1 Karl Irvin Buckman	Case number (if know)						
	Priority Creditor's Name c/o Senex Services 3333 Founders Road, 2nd floor	When was the debt inc	curred?					
	Indianapolis, IN 46268  Number Street City State Zlp Code	As of the date you file	, the claim is: Check all that apply					
	Who incurred the debt? Check one.	Contingent						
	Debtor 1 only	-						
	Debtor 2 only	□Jnliquidated						
	Debtor 1 and Debtor 2 only	Disputed						
	☐At least one of the debtors and another	Type of NONPRIORITY	/ unsecured claim:					
	Check if this claim is for a community debt	☐Student loans						
	Is the claim subject to offset?	☐Obligations arising ou not report as priority cla	it of a separation agreement or divorce that you did ims					
	No	Debts to pension or p	rofit-sharing plans, and other similar debts					
	∐Yes	Other. Specify	Medical bill The debt was obtained from a credit report and the last 4 digits of the account number were redacted from the credit report. Therefore, no account number is listed.	-				
4.15	St. Louis University Hospital	Last 4 digits of accour	nt number All	\$	108.00			
	Priority Creditor's Name c/o Central Finance Control PO Box 660873 Dallas, TX 75266	When was the debt ind	curred?					
	Number Street City State Zlp Code	As of the date you file	the claim is: Check all that apply					
	Who incurred the debt? Check one.	Contingent						
	Debtor 1 only							
	Debtor 2 only	□Jnliquidated						
	Debtor 1 and Debtor 2 only	Disputed						
	☐At least one of the debtors and another	Type of NONPRIORITY						
	☐Check if this claim is for a community debt	☐Student loans						
	Is the claim subject to offset?	Dbligations arising ou not report as priority cla	at of a separation agreement or divorce that you did ims					
	No	Debts to pension or p	rofit-sharing plans, and other similar debts					
	_Yes	■Other. Specify	Medical Bills The debt was obtained from a credit report and the last 4 digits of the account number were redacted from the credit report. Therefore, no account number is listed.	-				
4.16	State Farm IL	Last 4 digits of accoun	nt number All	\$	4,572.00			
	Priority Creditor's Name c/o Stuart Allan & Assoc. 5447 E. 5th Street, Ste 110 Tucson, AZ 85711	When was the debt inc						
	Number Street City State Zlp Code	As of the date you file	, the claim is: Check all that apply					

1 Karl Irvin Buckman		_	Case number (if know)		
Who incurred the debt? Check one.	Contingent				
Debtor 1 only					
Debtor 2 only	□Jnliquidated				
Debtor 1 and Debtor 2 only	Disputed				
At least one of the debtors and another	Type of NONPRIORIT	Y unsecured	l claim:		
Check if this claim is for a community	☐Student loans				
debt	_				
Is the claim subject to offset?	■Dbligations arising or not report as priority cla		ation agreement or divorce that you did		
No	Debts to pension or p	rofit-sharing	plans, and other similar debts		
<u></u> Yes	■Other. Specify	report accou credit	ebt was obtained from a credit and the last 4 digits of the nt number were redacted from the report. Therefore, no account er is listed.	_	
Time Payment Corp.	Last 4 digits of accou	nt number	2977	\$	21,089.89
Priority Creditor's Name PO Box 3069 Woburn, MA 01888-1969	When was the debt in			Ψ	
Number Street City State Zlp Code	As of the date you file	, the claim is	s: Check all that apply		
Who incurred the debt? Check one.	Contingent				
Debtor 1 only					
Debtor 2 only	□Jnliquidated				
Debtor 1 and Debtor 2 only	Disputed				
☐At least one of the debtors and another	Type of NONPRIORIT	Y unsecured	I claim:		
□Check if this claim is for a community debt	☐Student loans				
Is the claim subject to offset?	Dbligations arising or not report as priority cla		ation agreement or divorce that you did		
■No	Debts to pension or p	orofit-sharing	plans, and other similar debts		
∐Yes	Other. Specify	Open	Account	_	
US Foods	Last 4 digits of accou	nt number	LM39	\$	15,950.68
Priority Creditor's Name c/o Mark Brueggemann 2011 Mall Street, Ste. B	When was the debt in			·	
Collinsville, IL 62234  Number Street City State Zlp Code	As of the date you file	, the claim is	s: Check all that apply		
Who incurred the debt? Check one.	Contingent				
Debtor 1 only					
Debtor 2 only	□Jnliquidated				
Debtor 1 and Debtor 2 only	Disputed				
☐At least one of the debtors and another	Type of NONPRIORIT	Y unsecured	l claim:		
☐Check if this claim is for a community debt	☐Student loans				
Is the claim subject to offset?	Dbligations arising or not report as priority cla		ation agreement or divorce that you did		
	not report de prienty ele				
No			plans, and other similar debts		

Part 3: List Others to Be Notified About a Debt That You Already Listed

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Debtor 1 Karl Irvin Buckman		Case number (if know)
trying to collect from you for a debt you owe to	o someone else, list the original creditor in tall you listed in Parts 1 or 2, list the addition	at you already listed in Parts 1 or 2. For example, if a collection agency is in Parts 1 or 2, then list the collection agency here. Similarly, if you have onal creditors here. If you do not have additional persons to be notified for
Name Address		r Part2 did you list the original creditor?
Account Resolution Corp 700 Goddard Ave	Line 4.9 of (Check one):	□Part 1: Creditors with Priority Unsecured Claims
Chesterfield, MO 63005		■Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account no	umber All
Name Address	On which entry in Part 1 o	r Part2 did you list the original creditor?
Central Finance Control	Line 4.15 of (Check one):	□Part 1: Creditors with Priority Unsecured Claims
PO BOx 660873 Dallas, TX 75266		■Part 2: Creditors with Nonpriority Unsecured Claims
Dallas, IX 13200	Last 4 digits of account no	umber
Name Address	On which entry in Part 1 o	r Part2 did you list the original creditor?
GC Services	Line 2.2 of (Check one):	■Part 1: Creditors with Priority Unsecured Claims
PO Box 3488 Jefferson City, MO 65105-3488		□Part 2: Creditors with Nonpriority Unsecured Claims
deficisori dity, ind 03103-3400	Last 4 digits of account no	umber 4376
Name Address	On which entry in Part 1 o	r Part2 did you list the original creditor?
Midland Funding LLC	Line 4.6 of (Check one):	□Part 1: Creditors with Priority Unsecured Claims
2365 Northside Drive, Ste. 300 San Diego, CA 92108		■Part 2: Creditors with Nonpriority Unsecured Claims
Sali Diego, CA 92108	Last 4 digits of account no	umber All
Name Address	On which entry in Part 1 o	r Part2 did you list the original creditor?
Midland Funding LLC	Line 4.4 of (Check one):	□Part 1: Creditors with Priority Unsecured Claims
2365 Northside Drive, Suite 300 San Diego, CA 92108		■Part 2: Creditors with Nonpriority Unsecured Claims
Sali biego, CA 32100	Last 4 digits of account no	umber All
Name Address	On which entry in Part 1 o	r Part2 did you list the original creditor?
National Helathcare Coll.	Line 4.1 of (Check one):	□Part 1: Creditors with Priority Unsecured Claims
700 Spirit of St. Louis Blvd Ste B Chesterfield, MO 63005		■Part 2: Creditors with Nonpriority Unsecured Claims

# Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

On which entry in Part 1 or Part2 did you list the original creditor?

□Part 1: Creditors with Priority Unsecured Claims

■Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Last 4 digits of account number

Line 4.16 of (Check one):

				Total claim	1
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	24,502.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total. Add lines 6a through 6d.	6e.	\$	24,502.00
				<b>Total Claim</b>	
	6f.	Student loans	6f.	\$	26,222.00
Total claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	247,095.72

Name Address Stuart Allan & Assoc.

**Tucson, AZ 85711** 

5447 E. 5th St., Ste. 110

Debtor 1	Karl Irvin Buckman	Case number (if know)	

6j. Total. Add lines 6f through 6i.

sj. \$ **273,317.72** 

Case 16-30266-lkg Doc 1 Filed 02/29/16 Page 31 of 60

Fill in this info	rmation to identify your	case:		
Debtor 1	Karl Irvin Buckma	an		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	SOUTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				

#### Official Form 106G

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ■No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	Name, Number,	whom you have th Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.4					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.5	-				
	Name				
	Number	Street			
	City		State	ZIP Code	

Case 16-30266-lkg Doc 1 Filed 02/29/16 Page 32 of 60

Fill in this info	ormation to identify your	case:			
Debtor 1	Karl Irvin Buckma				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States E	Bankruptcy Court for the:	SOUTHERN DISTRICT	OF ILLINOIS		
Case number					
(if known)					☐ Check if this is an amended filing
	orm 106H e H: Your Cod	ebtors			12/15
1. Do you □No ■Yes	have any codebtors? (If y	ou are filing a joint case,	do not list either spouse a	s a codebtor.	
2. Within t	the last 8 years, have you alifornia, Idaho, Louisiana,				y states and territories include
_				g.o., a	
■No. Go to □Yes. Did	your spouse, former spous	se, or legal equivalent live	with you at the time?		
in line 2 a	gain as a codebtor only i D), Schedule E/F (Official	f that person is a guaran	tor or cosigner. Make s	ure you have listed t	g with you. List the person show he creditor on Schedule D (Officia Schedule E/F, or Schedule G to
	mn 1: Your codebtor Number, Street, City, State and ZI	P Code		Column 2: The cre Check all schedule	editor to whom you owe the debt as that apply:
320	dace Buckman Library St. erloo, IL 62298			□Schedule D, lin □Schedule E/F, l □Schedule G Ocwen	line

Official Form 106H Software Copyright (c) 1996-2015 Best Case, LLC - www.bestcase.com

	in this information	4- i-l4i6									
	in this information btor 1	Karl Irvin Bu									
	btor 2 buse, if filing)										
Uni	ited States Bankrup	otcy Court for the	: SOUTHERN DISTRIC	T OF IL	LINOIS						
	se number nown)			-			_	amended	J	ng postpetitior	o chanter
_										ollowing date	
	fficial Form						MM	/ DD/ Y	YYY		
S	chedule I:	Your Inc	ome								12/15
atta Par	ch a separate she	et to this form.	r spouse is not filing w On the top of any additi								
1.	Fill in your emp information.	loyment		Debto	or 1		D	ebtor 2	or non-fi	iling spouse	
	If you have more		Employment status	<b>■</b> Em	ployed			Employ	red		
	attach a separate information abou		zmproyment status	□Not	employed			Not em	ployed		
	employers.		Occupation	Colle	ctor		<u>_</u>	eacher	•		
	Include part-time self-employed wo		Employer's name	Clien	t Services Inc		<u>c</u>	ahokia	School	l District	
	Occupation may or homemaker, if	ay include student <b>Employer's address</b> r, if it applies.		3451 Harry S Truman Blvd Saint Charles, MO 63301					rome La ı, IL 622		
			How long employed t	here?	7 months			_12	2 years		
Pai	rt 2: Give De	etails About Mor	nthly Income								
	imate monthly incuse unless you are		ate you file this form. If	you have	e nothing to report fo	or any	line, write \$	60 in the	space. In	nclude your no	on-filing
	ou or your non-filing e space, attach a s		ore than one employer, contains form.	ombine t	he information for a	ll emplo	oyers for th	at perso	n on the	lines below. It	f you need
							For Debto	or 1		btor 2 or ing spouse	
2.			ry, and commissions (b calculate what the month			. \$	2,40	05.06	\$	5,097.72	_

Official Form 106I	Schedule I: Your Income	page 1
Official Form 1061	Schedule 1: Your Income	page

0.00

2,405.06

+\$

0.00

5,097.72

Estimate and list monthly overtime pay.

Calculate gross Income. Add line 2 + line 3.

Deb	tor 1	Karl Irvin Buckman		(	Case r	number (if known)				
					For	Debtor 1		ebtor 2 or ling spou		
	Сор	y line 4 here	4.		\$	2,405.06	\$	5,097		
5.	l ict	all payroll deductions:								
Э.		• •	E o		\$	3EE 00	<b>c</b>	E 40	60	
	5a. 5b.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans	5a 5b		\$ _	355.08 0.00	\$	542	.68	
	5c.	Voluntary contributions for retirement plans	5c		\$ -	0.00	\$		.00	
	5d.	Required repayments of retirement fund loans	5d		<b>\$</b> —	0.00	\$		.00	
	5e.	Insurance	5e		\$_	0.00	\$	352		
	5f.	Domestic support obligations	5f.		\$	0.00	\$		.00	
	5g.	Union dues	5g	<b>j</b> .	\$	0.00	\$		.16	
	5h.	Other deductions. Specify: Term Life Insurance		1.+	\$		+ \$		.09	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	355.08	\$	1,019	.67	
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	2,049.98	\$	4,078	.05	
8.	8b. 8c. 8d. 8e. 8f. 8g. 8h.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a depende regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistar that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Pension or retirement income  Other monthly income. Specify:	8c 8d 8e nce 8f.	). ;; ; ;	\$ \$ \$\$ \$\$	0.00 0.00 0.00 0.00 0.00 0.00	\$ \$ \$ \$	0 0 0	.00 .00 .00 .00 .00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	9	§	0.00	\$	ı	0.00	
10.	Calo	culate monthly income. Add line 7 + line 9.	10.	\$	2	2,049.98 + \$	4.07	8.05 = \$		5,128.03
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		-		-,0 1010 0	-,			,
11.	Inclu othe Do r	te all other regular contributions to the expenses that you list in Schedul de contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are notify:	our dep				,	hedule J. 11. +\$		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The e that amount on the Summary of Schedules and Statistical Summary of Ceiles						12. \$		6,128.03
13.	Do y	you expect an increase or decrease within the year after you file this for No.	m?						nbine nthly	ed income

Official Form 106I Schedule I: Your Income page 2

Fill	I in this information to identify your case:					
Deb	btor 1 Karl Irvin Buckman			Check	if this is:	
					n amended filing	
	btor 2 pouse, if filing)					ving postpetition chapter the following date:
Unit	United States Bankruptcy Court for the: SOUTHERN DISTRICT OF ILLINOIS				MM / DD / YYYY	
	se numberknown)	_				
	official Form 106J					
_	chedule J: Your Expenses					12/15
info nur Par	as complete and accurate as possible. If two mormation. If more space is needed, attach anoth mber (if known). Answer every question.  It 1: Describe Your Household					
1.	Is this a joint case?					
	■No. Go to line 2.  ☐Yes. Does Debtor 2 live in a separate house	hold?				
	☐No ☐Yes. Debtor 2 must file Official Form 10	06J-2, <i>Expenses</i>	for Separate Househ	old of Debto	r 2.	
2.	Do you have dependents?  □No					
	res.	s information for endent	Dependent's relation Debtor 1 or Debtor 2		Dependent's age	Does dependent live with you?
	Do not state the		Son		15	□No ■N
	dependents names.					■Yes □No
			Son		17	Yes
						□No
			-			∐Yes ⊡No
						∐Yes
3.	Do your expenses include expenses of people other than yourself and your dependents?					
	rt 2: Estimate Your Ongoing Monthly Expens					
exp	timate your expenses as of your bankruptcy filir penses as of a date after the bankruptcy is filed. plicable date.					
the	clude expenses paid for with non-cash governme value of such assistance and have included it fficial Form 106I.)				Your expe	enses
4.	The rental or home ownership expenses for young payments and any rent for the ground or lot.	our residence. I	nclude first mortgage	4. \$		1,300.00
	If not included in line 4:					
	4a. Real estate taxes			4a. \$		0.00
	4b. Property, homeowner's, or renter's insuran			4b. \$		0.00
	4c. Home maintenance, repair, and upkeep ex			4c. \$		0.00
	4d. Homeowner's association or condominium	aues		4d. \$		0.00

0.00

5. Additional mortgage payments for your residence, such as home equity loans

or 1 Karl	Irvin Buckman	Case number (if know	n)
Utilities:			
	ricity, heat, natural gas	6a. \$	400.00
	r, sewer, garbage collection	6b. \$	0.00
	hone, cell phone, Internet, satellite, and cable services	6c. \$	463.00
	Specify:	6d. \$	0.00
	ousekeeping supplies	7. \$	550.00
	and children's education costs	8. \$	175.00
	nundry, and dry cleaning	9. \$	
O,	are products and services	10. \$	230.00
	•	· <del></del>	0.00
	d dental expenses	11. \$	200.00
	tion. Include gas, maintenance, bus or train fare.	12. \$	550.00
	de car payments. ent, clubs, recreation, newspapers, magazines, and boc	·	0.00
	contributions and religious donations	14. \$	0.00
Insurance.	do incurance deducted from your new ar included in lines. 4	or 20	
15a. Life in	de insurance deducted from your pay or included in lines 4 of the surance	or 20. 15a. \$	0.00
		· ——	0.00
15b. Health		15b. \$	0.00
15c. Vehic		15c. \$	280.00
	insurance. Specify:	15d. \$	0.00
	not include taxes deducted from your pay or included in lines		
Specify:		16. \$	0.00
	or lease payments:		
	ayments for Vehicle 1	17a. \$	400.00
	ayments for Vehicle 2	17b. \$	300.00
17c. Other	. Specify: Student Loans	17c. \$	208.00
17d. Other	. Specify: Other Secured Debt (FNB Waterloo)	17d. \$	185.00
Your payme	ents of alimony, maintenance, and support that you did	not report as	
	om your pay on line 5, Schedule I, Your Income (Officia		0.00
Other paym	nents you make to support others who do not live with y	ou. \$	0.00
Specify:		19.	
Other real p	property expenses not included in lines 4 or 5 of this for	m or on Schedule I: Your Incon	ne.
20a. Mortg	ages on other property	20a. \$	0.00
20b. Real	estate taxes	20b. \$	0.00
20c. Prope	erty, homeowner's, or renter's insurance	20c. \$	0.00
	enance, repair, and upkeep expenses	20d. \$	0.00
	eowner's association or condominium dues	20e. \$	0.00
Other: Spec		21. +\$	70.00
•	•		
Pet Expen		+\$	30.00
Wife's Cre	dit Cards		675.00
Calculate v	our monthly expenses		
	es 4 through 21.	\$	6,016.00
	ne 22 (monthly expenses for Debtor 2), if any, from Official		0,010.00
22c. Add lin	e 22a and 22b. The result is your monthly expenses.	\$	6,016.00
Calculate v	our monthly net income.		
-	line 12 (your combined monthly income) from Schedule I.	23a. \$	6,128.03
	your monthly expenses from line 22c above.	23b\$	6,016.00
Lou. Cupy	your monthly expenses nom line 220 above.	∠SDФ	0,010.00
00- 0-1-	act your monthly expenses from your monthly income		
	act your monthly expenses from your monthly income. esult is your <i>monthly net income</i> .	23c. \$	112.03
	sourcio your monuny net income.	200.	
The re	ect an increase or decrease in your expenses within the	vear after you file this form?	
The re	ect an increase or decrease in your expenses within the		crease or decrease because of:
The reconstruction The reconstru	ect an increase or decrease in your expenses within the do you expect to finish paying for your car loan within the year or do yo the terms of your mortgage?		crease or decrease because of
The report of th	do you expect to finish paying for your car loan within the year or do y		crease or decrease because of a
The re  Do you exp  For example,	do you expect to finish paying for your car loan within the year or do y		crease or decrease because of

INO.	
□Yes.	Explain here:

ebtor 1	Karl Irvin Buckn	nan		
CDIOI I	First Name	Middle Name	Last Name	
ebtor 2				
pouse if, filir	ng) First Name	Middle Name	Last Name	
nited Sta	tes Bankruptcy Court for the:	SOUTHERN DISTRICT	OF ILLINOIS	
ase numl	per			
known)				☐ Check if this is an amended filing
			Debtor's Schedules	12/1
ou must f otaining r	ile this form whenever you	file bankruptcy schedules in connection with a bank	nsible for supplying correct information.  or amended schedules. Making a false staruptcy case can result in fines up to \$250,0	tement, concealing property, or
ou must f otaining r ars, or b	ile this form whenever you noney or property by fraud oth. 18 U.S.C. §§ 152, 1341,	file bankruptcy schedules in connection with a bank 1519, and 3571.	nsible for supplying correct information. or amended schedules. Making a false sta	tement, concealing property, or
ou must f otaining r ears, or b	ile this form whenever you noney or property by fraud oth. 18 U.S.C. §§ 152, 1341,	file bankruptcy schedules in connection with a bank 1519, and 3571.	nsible for supplying correct information. or amended schedules. Making a false sta ruptcy case can result in fines up to \$250,0	
ou must f otaining r ears, or b	ile this form whenever you noney or property by fraud oth. 18 U.S.C. §§ 152, 1341, Sign Below	file bankruptcy schedules in connection with a bank 1519, and 3571.	nsible for supplying correct information.  or amended schedules. Making a false sta ruptcy case can result in fines up to \$250,0	itement, concealing property, or 1000, or imprisonment for up to 20
Did y	sile this form whenever you noney or property by fraud oth. 18 U.S.C. §§ 152, 1341,  Sign Below  ou pay or agree to pay som  No  Yes. Name of person	file bankruptcy schedules in connection with a bank 1519, and 3571.	nsible for supplying correct information.  or amended schedules. Making a false staruptcy case can result in fines up to \$250,0  ney to help you fill out bankruptcy forms?	tement, concealing property, or 1000, or imprisonment for up to 20 tion of the content of the co
Did your that the	sile this form whenever you noney or property by fraud oth. 18 U.S.C. §§ 152, 1341,  Sign Below  ou pay or agree to pay som  No  Yes. Name of person  penalty of perjury, I declare	file bankruptcy schedules in connection with a bank 1519, and 3571.	nsible for supplying correct information.  or amended schedules. Making a false staruptcy case can result in fines up to \$250,0  ney to help you fill out bankruptcy forms?  Attach Bankruptcy Petiand Signature (Official F	tement, concealing property, or 1000, or imprisonment for up to 20 tion of the content of the co
Did y  Under that th	sile this form whenever you noney or property by fraud oth. 18 U.S.C. §§ 152, 1341,  Sign Below  ou pay or agree to pay som  No  Yes. Name of person  penalty of perjury, I declare ye are true and correct.	file bankruptcy schedules in connection with a bank 1519, and 3571.	nsible for supplying correct information.  or amended schedules. Making a false staruptcy case can result in fines up to \$250,0  ney to help you fill out bankruptcy forms?  Attach Bankruptcy Petiand Signature (Official Formary and schedules filed with this declarate	tement, concealing property, or 1000, or imprisonment for up to 20

Fill	in this inform	nation to identify you	r case:			
Del	btor 1	Karl Irvin Buckm				
Del	btor 2	First Name	Middle Name	Last Name		
	ouse if, filing)	First Name	Middle Name	Last Name		
Uni	ited States Bar	nkruptcy Court for the:	SOUTHERN DISTRICT C	OF ILLINOIS		
Cas	se number					
(if kr	nown)				-	check if this is an
					a	mended filing
Of	ficial For	m 107				
Sta	atement	of Financial A	Affairs for Individ	luals Filing for B	ankruptcy	12/15
					equally responsible for sup	onlying correct
info	rmation. If m	ore space is needed,	attach a separate sheet to		y additional pages, write yo	
nun	nber (if known	). Answer every ques	stion.			
Par	t 1: Give D	etails About Your Ma	rital Status and Where You	ı Lived Before		
1.	What is your	current marital statu	ıs?			
	■ Mandad					
	<ul><li>■ Married</li><li>□ Not married</li></ul>	riad				
•	_		Providence of the disease			
2.	During the la	ist 3 years, nave you	lived anywhere other than	where you live now?		
	■ No					
	☐ Yes. List	t all of the places you I	ived in the last 3 years. Do n	ot include where you live nov	V.	
	Debtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
3	Within the la	st 8 years did you ev	ver live with a snouse or le	nal equivalent in a commu	nity property state or territor	v <b>?</b> (Community property
state					ico, Texas, Washington and V	
	■ Na					
	■ No □ Yes Ma	ke sure vou fill out <i>Sch</i>	nedule H: Your Codebtors (O	fficial Form 106H)		
		no ouro you iiii our oor	ioddio i ii. iodii oodobioio (o	moiarr oim room.		
Par	rt 2 Explain	n the Sources of You	r Income			
4	Did you have	any incomo from on	anloyment or from eneratin	na a businoss durina this w	ear or the two previous cale	ndar voare?
+.			u received from all jobs and			iluai yeais:
	If you are filin	g a joint case and you	have income that you receiv	e together, list it only once u	nder Debtor 1.	
	□ No					
	Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income	Gross income	Sources of income	Gross income
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
		of current year until	■Wages, commissions,	\$2,394.77	□Wages, commissions,	
tne	uate you filed	d for bankruptcy:	bonuses, tips		bonuses, tips	
			☐Operating a business		☐Operating a business	

Official Form 107

Debtor 1	Karl Irvin Buckman		Cas	se number (if known)		
		Debtor 1		Debtor 2		
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inc		Gross income (before deductions and exclusions)
For last cale (January 1 t	endar year: to December 31, 2015 )	■Wages, commissions, bonuses, tips	\$11,209.04	□Wages, com bonuses, tips	missions,	
		□Operating a business		□Operating a l	ousiness	
	endar year before that: to December 31, 2014)	■Wages, commissions, bonuses, tips	\$0.00	□Wages, com bonuses, tips	missions,	
		□Operating a business		□Operating a l	ousiness	
List each	h source and the gross inc	Debtor 1 Sources of income	tely. Do not include income	that you listed in I  Debtor 2  Sources of inc	ine 4.	Gross income
		Describe below	(before deductions and exclusions)	Describe below	1.	(before deductions and exclusions)
Part 3: Li	ist Certain Payments Yo	u Made Before You Filed for	Bankruptcy			
6. Are eith ■ No	Neither Debtor 1 nor	2's debts primarily consume Debtor 2 has primarily consu a personal, family, or househo	ımer debts. Consumer deb	ots are defined in 1	1 U.S.C. § 10	01(8) as "incurred by an
	☐ No. Go to line	fore you filed for bankruptcy, di 7. each creditor to whom you pai				the total amount you
	paid that o not include	creditor. Do not include paymer e payments to an attorney for the nt on 4/01/16 and every 3 year	nts for domestic support oblinis bankruptcy case.	igations, such as c	hild support	and alimony. Also, do
☐ Ye		or both have primarily const fore you filed for bankruptcy, di		al of \$600 or more	?	
	☐ No. Go to line	7.				
	include pa	each creditor to whom you pai lyments for domestic support o y for this bankruptcy case.				
Credito	or's Name and Address	Dates of payme	nt Total amount paid	Amount you still owe	Was this p	payment for
Ocwe	n	Last 90 days	\$3,900.00	\$130,000.00	■Mortgag □Car □Credit College □Loan Re □Suppliers □Other	ard

Case 16-30266-lkg Doc 1 Filed 02/29/16 Page 40 of 60

Case number (if known)

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for
First National Bank of Wa	terloo Last 90 days	\$8,000.00	\$11,000.00	
Insiders include your relatives; a corporations of which you are a	for bankruptcy, did you make a payn any general partners; relatives of any ge n officer, director, person in control, or o u operate as a sole proprietor. 11 U.S.C	eneral partners; partners owner of 20% or more	erships of which you of their voting sec	ou are a general partner; curities; and any managing agent,
<ul><li>■ No</li><li>□ Yes. List all payments to a</li></ul>	n incider			
Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
insider?	for bankruptcy, did you make any paranteed or cosigned by an insider.  n insider	nyments or transfer a	iny property on a	account of a debt that benefited a
Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Part 4: Identify Legal Actions, F	Repossessions, and Foreclosures			
9. Within 1 year before you filed List all such matters, including p modifications, and contract disp	for bankruptcy, were you a party in a			
<ul><li>No</li><li>■ Yes. Fill in the details.</li></ul>				
Case title Case number	Nature of the case	Court or agency		Status of the case
Midland Funding LLC as successor in interest to C N.A vs Karl Buckman 15-SC-65	Debt Collection itiBank,	Monroe County 100 S Main St Waterloo, IL 62		☐ Pending ☐ On appeal ■ Concluded
Blue Land, LLC vs Karl Bo 14-LM-52	uchman Debt Collection	Monroe County 100 South Mair Waterloo, IL 62	Street	☐ Pending ☐ On appeal ☐ Concluded
US Foods, Inc vs Zick Res Group, Inc d/b/a Sublimin Buckman & Dawn Ritze 14-LM-39		Monroe County 100 South Mair Waterloo, IL 62	Street	☐Pending ☐On appeal ■ Concluded
				Judgment

Debtor 1 Karl Irvin Buckman

Deb	btor 1 Karl Irvin Buckman	Case number	er (if known)	
10.	Within 1 year before you filed for bankru Check all that apply and fill in the details be	uptcy, was any of your property repossessed, forecloselow.	ed, garnished, attache	d, seized, or levied?
	<ul><li>No</li><li>Yes. Fill in the information below.</li></ul>			
	Creditor Name and Address	Describe the Property	Date	Value of the
		Explain what happened		property
	ISAC (Wife's Debt)	Tax Refund	2015	\$5,000.00
		□Property was repossessed. □Property was foreclosed.		
		Property was garnished.		
		■Property was attached, seized or levied.		
11.	accounts or refuse to make a payment b  No Yes. Fill in the details.	_	·	amounts nom your
	Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
<b>Par</b> 13.		ruptcy, did you give any gifts with a total value of more	e than \$600 per person  Dates you gave the gifts	? Value
	Person to Whom You Gave the Gift and Address:	ı	the gills	
14.	Within 2 years before you filed for banks  ■ No  □ Yes. Fill in the details for each gift or or	ruptcy, did you give any gifts or contributions with a to contribution.	otal value of more than	\$600 to any charity
	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code		Dates you contributed	Value
Par	rt 6: List Certain Losses			
15.	Within 1 year before you filed for bankru disaster, or gambling?	ıptcy or since you filed for bankruptcy, did you lose ar	nything because of the	ft, fire, other
	■ No □ Yes. Fill in the details.			
	Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you

Debtor 1	Karl Irvin Buckman	C	ase number	(if known)	
	sulted about seeking bankruptcy or preparude any attorneys, bankruptcy petition prepare		vices require	d in your bankruptcy.	
 =	No Yes. Fill in the details.				
Per Add Em	rson Who Was Paid dress ail or website address rson Who Made the Payment, if Not You	Description and value of any proper transferred	erty	Date payment or transfer was made	Amount of payment
La <sup>1</sup>	w Offices of Mueller & Haller, LLC 12 West Main Street Ileville, IL 62226	Attorney's Fees		Last 12 months	\$1,123.00
219 Ste	icket Debt Counseling 9 SW Stark St e 200 rtland, OR 97204	Debt Counseling		Last 12 months	\$22.00
proi	nin 1 year before you filed for bankruptcy, on mised to help you deal with your creditors not include any payment or transfer that you list.  No Yes. Fill in the details.	or to make payments to your creditors		or transfer any prope	rty to anyone who
	rson Who Was Paid dress	Description and value of any proper transferred	erty	Date payment or transfer was made	Amount of payment
<b>tran</b> Inclu	nin 2 years before you filed for bankruptcy, sferred in the ordinary course of your busing both outright transfers and transfers made gifts and transfers that you have already list No  Yes. Fill in the details.	ness or financial affairs? e as security (such as the granting of a se			
Add	rson Who Received Transfer dress rson's relationship to you	Description and value of property transferred		any property or received or debts change	Date transfer was made
	wn Ritzel	1/2 of Restaurant	\$45,000.0	00 Cash	10/31/14
No	ne				
	nin 10 years before you filed for bankruptcy eficiary? (These are often called asset-protect No Yes. Fill in the details.		elf-settled tru	ust or similar device	of which you are a
- Nai	me of trust	Description and value of the prope	erty transferr	ed	Date Transfer was made
					made

Deb	otor 1	Karl Irvin Buckman			Case nu	mber (if known)	
Par	t 8:	List of Certain Financial Accounts, In	struments, Safe Depo	sit Boxes, and S	Storage Ur	nits	
20.	sold, i	n 1 year before you filed for bankrupto moved, or transferred? de checking, savings, money market,	or other financial acco	ounts; certificate	es of depo		
		es, pension funds, cooperatives, asso No 'es. Fill in the details.	ciations, and other in	ianciai institutio	ons.		
	Name	e of Financial Institution and ess (Number, Street, City, State and ZIP	Last 4 digits of account number	Type of acco	ount or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
	228 S PO E	t National Bank of Waterloo S Main Box 507 erloo, IL 62298	XXXX-	■Checking □Savings □Money Mar □Brokerage □Other	'ket	2014	\$0.00
21.	cash,	ou now have, or did you have within 1 or other valuables?	year before you filed f	for bankruptcy, a	any safe d	eposit box or other depo	sitory for securities,
	_	es. Fill in the details.					
		e of Financial Institution ess (Number, Street, City, State and ZIP Code)	Who else had a Address (Number State and ZIP Code)		Describe	e the contents	Do you still have it?
	228 S PO E	t National Bank of Waterloo S Main Box 507 erloo, IL 62298			Legal D Value \$	Oocuments 0	⊡No ■Yes
22.	Have	you stored property in a storage unit	or place other than yo	ur home within	1 year bef	ore you filed for bankrup	tcy
	_	No Yes. Fill in the details.					
		e of Storage Facility ess (Number, Street, City, State and ZIP Code)	Who else has o to it? Address (Number State and ZIP Code)		Describe	e the contents	Do you still have it?
Par	t 9:	Identify Property You Hold or Control	for Someone Else				
23.	for so	ou hold or control any property that so omeone.	meone else owns? In	clude any prope	erty you bo	prrowed from, are storing	for, or hold in trust
	Owne	'es. Fill in the details. er's Name ess (Number, Street, City, State and ZIP Code)	Where is the property (Number, Street, City Code)		Describe	e the property	Value
			code,				

Debtor 1 Karl Irvin Buckman

Case number (if known)

Part 10:	Give Details About Environmental Information
----------	----------------------------------------------

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.

	Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.					
Rep	Report all notices, releases, and proceedings that you know about, regardless of when they occurred.					
24.	Has any governmental unit notified you that	you may be liable or potentially liable	under or in violation of an environm	ental law?		
	■ No					
	Yes. Fill in the details.					
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice		
25.	Have you notified any governmental unit of a	ny release of hazardous material?				
	■ No □ Yes. Fill in the details.					
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice		
26.	Have you been a party in any judicial or admi	nistrative proceeding under any envi	ironmental law? Include settlements	and orders.		
	■ No □ Yes. Fill in the details.					
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case		
Par	t11: Give Details About Your Business or C	onnections to Any Business				
27.	Within 4 years before you filed for bankrupto	y, did you own a business or have ar	ny of the following connections to an	y business?		
	☐A sole proprietor or self-employed in a	trade, profession, or other activity,	either full-time or part-time			
	■A member of a limited liability compar	ny (LLC) or limited liability partnershi	p (LLP)			
	☐A partner in a partnership					
	☐An officer, director, or managing exec	utive of a corporation				
	☐An owner of at least 5% of the voting of	or equity securities of a corporation				
	☐ No. None of the above applies. Go to Pa	art 12.				
	Yes. Check all that apply above and fill i	n the details below for each business	S.			
	Address	Describe the nature of the business	Employer Identification numbe Do not include Social Security			
	(Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Dates business existed			
	Subliminal Restaruant Group, Inc	Franchise Company	EIN:			

Official Form 107

no

From-To 2010-2014

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Deb	otor 1 Karl Irvin Buckman	С	ase number (if known)
	Business Name Address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
	(Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Dates business existed
	Zick Restaruant Group, Inc	Restaraunt Operation	EIN:
		Fick, Eggameyer & Williamson	From-To 2002- 2014
	PPB, LLC	Restaraunt Equipment Purchaser	EIN:
		no	From-To 2012 - 2014
	BEP, LLC	Owned Restaraunt Franchise	EIN:
		no	From-To 2012 - 2014
	MCG, Restaurant Group, Inc	Restaraunt	EIN:
		unknown	From-To 2013 - 2104
	■ No □ Yes. Fill in the details below. Name Address	Date Issued	
	(Number, Street, City, State and ZIP Code)		
Par	t 12: Sign Below		
are t with 18 U		false statement, concealing property, or	I declare under penalty of perjury that the answers obtaining money or property by fraud in connection ears, or both.
	I Irvin Buckman	Signature of Debtor 2	
Sig	nature of Debtor 1		
Dat	February 27, 2016	Date	
Did : □No □Ye		ent of Financial Affairs for Individuals Fili	ing for Bankruptcy (Official Form 107)?
Did :	you pay or agree to pay someone who is no	t an attorney to help you fill out bankrupt	cy forms?
	s. Name of Person	Attach the Bankruptcy Petition Preparer's	Notice, Declaration, and Signature (Official Form 119).

Case 16-30266-lkg Doc 1 Filed 02/29/16 Page 46 of 60

Debtor 1 Karl Irvin Buckman			Case number (if known)	
	DECLAR	ATION UNDER PENALTY	OF PERJURY BY INDIVIDUAL DEBTOR	
	e under penalty of perjury that I have re y are true and correct.	ead the answers contained i	n the foregoing statement of financial affairs and any attachment	s thereto and
Date _	February 27, 2016	Signature	/s/ Karl Irvin Buckman Karl Irvin Buckman	
			Debtor	
			DCUIUI	

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

nation to identify your	case:		
Karl Irvin Buckm	an		
First Name	Middle Name	Last Name	
First Name	Middle Name	Last Name	
nkruptcy Court for the:	SOUTHERN DISTRICT	OF ILLINOIS	
			☐ Check if this is an amended filing
rm 108		uals Filing Under Chapter	_
	Karl Irvin Buckmar First Name First Name nkruptcy Court for the:	First Name Middle Name  nkruptcy Court for the: SOUTHERN DISTRICT	First Name   Middle Name   Last Name

- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's First National Bank of Waterloo	☐Surrender the property.	□No
name:	☐ Retain the property and redeem it.	
Description of property securing debt:  Personal Loan for business secured by CD's of family member	■ Retain the property and enter into a Reaffirmation Agreement.  □ Retain the property and [explain]:	■Yes
Creditor's Ocwen	Surrender the property.	□No
name:	Retain the property and redeem it.	
Description of property securing debt:  320 North Libary Street Waterloo, IL 62298 Monroe County Residiential Real Estate 2 Stories, Vinyl Siding, 4 Bedrooms, 2 1/2 Bathrooms	■Retain the property and enter into a Reaffirmation Agreement.  □Retain the property and [explain]:	■Yes

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

B8 (Form 8) (12/08)	Page 2
Describe your unexpired personal property leases	Will the lease be assumed?
Lessor's name:	□No
Description of leased Property:	□Yes
Lessor's name:	□No
Description of leased Property:	□Yes
Lessor's name:	□No
Description of leased Property:	□Yes
Lessor's name:	□No
Description of leased Property:	□Yes
Lessor's name: Description of leased	□No
Property:	□Yes
Lessor's name: Description of leased	□No
Property:	□Yes
Lessor's name: Description of leased	□No
Property:	□Yes
Part 3: Sign Below	
Under penalty of perjury, I declare that I have indicated property that is subject to an unexpired lease.	d my intention about any property of my estate that secures a debt and any personal
X /s/ Karl Irvin Buckman	X
Karl Irvin Buckman	Signature of Debtor 2
Signature of Debtor 1	
Date February 27, 2016	Date

Fill in t	his information to identify your case:		only as directed in this form and in
Debtor	1 Karl Irvin Buckman	Form 122A-1Su	pp:
Debtor	2		
(Spous	e, if filing)	■1. There is no	presumption of abuse
United	States Bankruptcy Court for the: Southern District of Illinois		ation to determine if a presumption of abuse
Case no		applies w	ill be made under <i>Chapter 7 Means Test</i> on (Official Form 122A-2).
			Test does not apply now because of military service but it could apply later.
		☐Check if this	s is an amended filing
	<u>ial Form 122A - 1</u>		
Chap	oter 7 Statement of Your Current Me	onthly Income	12/1
space is addition you do	complete and accurate as possible. If two married people are for needed, attach a separate sheet to this form. Include the line and pages, write your name and case number (if known). If you not have primarily consumer debts or because of qualifying maption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp).  Calculate Your Current Monthly Income	e number to which the addition I believe that you are exempted nilitary service, complete and fi	nal information applies. On the top of any if from a presumption of abuse because
1. <b>W</b>	hat is your marital and filing status? Check one only.		
	Not married. Fill out Column A, lines 2-11.		
	Married and your spouse is filing with you. Fill out both Column	ns A and B, lines 2-11.	
	Married and your spouse is NOT filing with you. You and you	r spouse are:	
	Living in the same household and are not legally separated	I. Fill out both Columns A and B,	lines 2-11.
	Living separately or are legally separated. Fill out Column A, penalty of perjury that you and your spouse are legally separaliving apart for reasons that do not include evading the Means	ited under nonbankruptcy law tha	t applies or that you and your spouse are
case of yo incor	In the average monthly income that you received from all sour at 11 U.S.C. § 101(10A). For example, if you are filing on Septembur monthly income varied during the 6 months, add the income for amount more than once. For example, if both spouses own the u have nothing to report for any line, write \$0 in the space.	er 15, the 6-month period would by r all 6 months and divide the total	be March 1 through August 31. If the amount I by 6. Fill in the result. Do not include any
		Column A Debtor 1	Column B Debtor 2 or non-filing spouse
	our gross wages, salary, tips, bonuses, overtime, and commis payroll deductions).	ssions (before	\$
	imony and maintenance payments. Do not include payments fro olumn B is filled in.	om a spouse if \$	\$
<b>of</b> fro an	I amounts from any source which are regularly paid for house you or your dependents, including child support. Include regum an unmarried partner, members of your household, your depend roommates. Include regular contributions from a spouse only if ed in. Do not include payments you listed on line 3.	ular contributions ndents, parents,	\$
5. <b>N</b> e	et income from operating a business, profession, or farm		
		ebtor 1	
	ross receipts (before all deductions) \$	_	
	rdinary and necessary operating expenses -\$	Copy here -> \$	\$
	et monthly income from a business, profession, or farm \$	Copy here -> \$	Ψ
6. <b>N</b> e	et income from rental and other real property	ebtor 1	
Gr	ross receipts (before all deductions) \$		
	rdinary and necessary operating expenses -\$	_	
	et monthly income from rental or other real property \$	Copy here -> \$	\$
7. <b>In</b> t	terest, dividends, and royalties	\$	\$

Official Form 122A-1

Case number (if known)

							_		
						Column A Debtor 1		Column B Debtor 2 or non-filing s	
8. 1	Unem	ployı	ment compensation			\$		\$	
	under	the S	Social Security Act. Instead, list it here:						
	Pensi	on o	retirement income. Do not include any amo			\$		\$	
 	Do not receive domes	t inclued as	ude any benefits received under the Social Se a victim of a war crime, a crime against hum errorism. If necessary, list other sources on a	ecurity Act or paymer anity, or internationa separate page and p	nts I or	\$		\$	
		_				\$		\$	
		То	tal amounts from separate pages, if any.		+	\$		\$	
					\$		+ \$		Total current monthly
Part 2	2:	Dete	ermine Whether the Means Test Applies to	You					income
12. (	Calcul	late v	your current monthly income for the year. F	Follow these steps:					
		-		•		Сору	y line 11 he	re=>	\$
	M	<b>1</b> ultip	y by 12 (the number of months in a year)						<b>x</b> 12
	12b. T	Determine Whether the Means Test Applies to You  Culate your current monthly income for the year. Follow these steps:  Copy your total current monthly income from line 11  Multiply by 12 (the number of months in a year)  The result is your annual income for this part of the form  Culate the median family income that applies to you. Follow these steps:  In the state in which you live.  In the number of people in your household.  In the median family income for your state and size of household.  In the median family income amounts, go online using the link specified his form. This list may also be available at the bankruptcy clerk's office.  In the 12b is less than or equal to line 13. On the top of page 1, check be Go to Part 3.				12b.			
13. (	Calcul	late t	he median family income that applies to yo	ou. Follow these step	os:				
I	Fill in t	the st	ate in which you live.						
•	To find	d a lis	t of applicable median income amounts, go o	nline using the link s				13. ons	\$
14. l	How d	lo the	e lines compare?						
•	14a.		•	the top of page 1, ch	neck box	x 1, There is	no presump	otion of abus	e.
	14b.		•	page 1, check box 2	, The pr	resumption o	f abuse is d	etermined by	y Form 122A-2.
Part :	3:	Sigr	n Below						
	В	y sig	ning here, I declare under penalty of perjury the	hat the information o	n this st	atement and	in any attao	chments is tr	rue and correct.
	X								
	Date								
	If			122A-2.					
	If	you	checked line 14b, fill out Form 122A-2 and file	e it with this form.					

Official Form 122A-1

Karl Irvin Buckman

Debtor 1

Fill in this in	nforma	ation to identify your case:	
Debtor 1	Ka	arl Irvin Buckman	
Debtor 2			
(Spouse, if f	iling)		
United State	s Bank	ruptcy Court for the: Southern District of Illinois	
Case number	er		□Check if this is an amended filing
(if known)			
		<u>n 122A - 1Supp</u>	
Statem	ent	of Exemption from Presumption of A	buse Under § 707(b)(2) 12/15
exempted from exclusions in the contract of th	om a p n this s 11 U.S.	nt together with Chapter 7 Statement of Your Current Monthly Incresumption of abuse. Be as complete and accurate as possible. statement applies to only one of you, the other person should co.C. § 707(b)(2)(C).	f two married people are filing together, and any of the
person	al, fami	is primarily consumer debts? Consumer debts are defined in 11 U.s. lly, or household purpose." Make sure that your answer is consistent we Filing for Bankruptcy (Official Form 1).	
■No.		Form 122A-1; on the top of page 1 of that form, check box 1, There	is no presumption of abuse, and sign Part 3. Then submit this
ПYes.		ement with the signed Form 122A-1. Part 2.	
	00.0		
Part 2:	Determ	nine Whether Military Service Provisions Apply to You	
2. Are you	u a dis	abled veteran (as defined in 38 U.S.C. § 3741(1))?	
□No.		line 3.	manufacturing a house load defends activity 2
∟ıyes.	-	ou incur debts mostly while you were on active duty or while you were S.C. § 101(d)(1); 32 U.S.C. § 901(1).	performing a nomeland defense activity?
	No.	Go to line 3.	
	Yes.	Go to Form 122A-1: on the top of page 1 of that form, check box 1, submit this supplement with the signed Form 122A-1.	There is no presumption of abuse, and sign Part 3. Then
3. Are voi	u or ha	ve you been a Reservist or member of the National Guard?	
□No.		nplete Form 122A-1. Do not submit this supplement.	
∐Yes.	Wer	re you called to active duty or did you perform a homeland defense ac	tivity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).
	No.	Complete Form 122A-1. Do not submit this supplement.	
	Yes.	Check any one of the following categories that applies:	
		I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty.	If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3, <i>The Means Test does not apply now</i> , and sign Part 3.
		I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on, which is fewer than 540 days before I file this bankruptcy case.	Then submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The <i>exclusion</i>
		I am performing a homeland defense activity for at least 90 days.	period means the time you are on active duty or are performing a homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii).
		I performed a homeland defense activity for at least 90 days, ending on,which is fewer than 540 days before I file this bankruptcy case.	If your exclusion period ends before your case is closed, you may have to file an amended form later.

Official Form 122A-1Supp

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

### United States Bankruptcy Court Southern District of Illinois

In re	Karl Irvin Buckman		Case No.		
		Debtor(s)	Chapter	7	_
	DISCLOSURE OF COM	MPENSATION OF ATTORN	EY FOR DE	EBTOR(S)	
(	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. I compensation paid to me within one year before to rendered on behalf of the debtor(s) in contempt	the filing of the petition in bankruptcy, or	agreed to be paid	to me, for services rendered or to	О
	For legal services, I have agreed to accept		\$	1,123.00	
	Prior to the filing of this statement I have red	ceived	\$	1,123.00	
	Balance Due		\$	0.00	
2.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4.	■ I have not agreed to share the above-disclosed	d compensation with any other person unl	less they are mem	bers and associates of my law fir	m.
	☐ I have agreed to share the above-disclosed co copy of the agreement, together with a list of				
5.	In return for the above-disclosed fee, I have agree	ed to render legal service for all aspects of	f the bankruptcy o	case, including:	
l	<ul><li>a. Analysis of the debtor's financial situation, an</li><li>b. Preparation and filing of any petition, schedul</li><li>c. Representation of the debtor at the meeting of</li><li>d. [Other provisions as needed]</li></ul>	les, statement of affairs and plan which ma	ay be required;		
<b>6.</b> 1	By agreement with the debtor(s), the above-discle Representation of the debtors in a any other adversary proceeding.	osed fee does not include the following seanny dischargeability actions, judicia		es, relief from stay actions	or
		CERTIFICATION			
	I certify that the foregoing is a complete statemen ankruptcy proceeding.	nt of any agreement or arrangement for pay	yment to me for re	epresentation of the debtor(s) in	
F	ebruary 27, 2016	/s/ William A. Muelle	er		
D	ate	William A. Mueller 0 Signature of Attorney	6187732		
		Law Offices of Muel	ler & Haller - B	elleville	
		5312 W. Main St Belleville, IL 62226			
		618-236-7000 Fax:	618-236-7002		
		Name of law firm			

### **United States Bankruptcy Court** Southern District of Illinois

In re	Karl Irvin Buckman		Case No.	
		Debtor(s)	Chapter <b>7</b>	
	-	VERIFICATION OF CREDITOR M	<u>ATRIX</u>	
		Debtor(s) hereby verify that the attach ir knowledge and that it corresponds		
Date:	February 27, 2016	/s/ Karl Irvin Buckman		
		Karl Irvin Buckman	·	
		Signature of Debtor		

Account Resolution Corp 700 Goddard Ave Chesterfield, MO 63005

Ballas Anesthesia Inc. c/o National Healthcare Coll. 700 Spirit of St. Louis Blvd. Ste B Chesterfield, MO 63005

Barry Shapiro 3234 Bluebird Circle Simi Valley, CA 93063

BlueLand, LLC c/o John Geismann P.O.Box 321 Highland, IL 62249

California Department of Revenue PO Box 942840 Sacramento, CA 94240

Central Finance Control PO BOx 660873 Dallas, TX 75266

Citibank NA c/o Midland Funding LLC 2365 Northside Drive, Ste. 300 San Diego, CA 92108

D & G Restaraunt Supply c/o Richard James & Assoc 4317 Northeast Thurston Way Ste 270 Vancouver, WA 98662

First National Bank of Waterloo 228 S Main PO Box 507 Waterloo, IL 62298

GC Services PO Box 3488 Jefferson City, MO 65105-3488 GE Capital c/o Midland Funding LLC 2365 Northside Drive, Ste. 300 San Diego, CA 92108

JC Penney/Synchrony Bank PO Box 965007 Orlando, FL 32896-5007

Midland Funding LLC 2365 Northside Drive, Ste. 300 San Diego, CA 92108

Midland Funding LLC 2365 Northside Drive, Suite 300 San Diego, CA 92108

Midland Funding, LLC c/o Kevin Mortell 1821 Walden Office Square, Ste 400 Schaumburg, IL 60173

Midwest Therapeutic Endoscopy c/o Account Resolution Corp. 700 Goddard Avenue Chesterfield, MO 63005

Missouri Baptist Medical Center c/o One Advantage LLC 7650 Magna Dr. Belleville, IL 62223-3366

Missouri Department of Labor & Ind Division of Employment Security PO Box 59 Jefferson City, MO 65104-0059

Missouri Department of Revenue PO Box 3375 Jefferson City, MO 65105-3375

National Helathcare Coll. 700 Spirit of St. Louis Blvd Ste B Chesterfield, MO 63005 Navient PO Box 9500 Wilkes Barre, PA 18773

Ocwen PO Box 24646 West Palm Beach, FL 33416

Sears Credit Cards PO Box 183082 Columbus, OH 43218-3082

St. Anthony's Medical Center c/o Senex Services 3333 Founders Road, 2nd floor Indianapolis, IN 46268

St. Louis University Hospital c/o Central Finance Control PO Box 660873 Dallas, TX 75266

State Farm IL c/o Stuart Allan & Assoc. 5447 E. 5th Street, Ste 110 Tucson, AZ 85711

Stuart Allan & Assoc. 5447 E. 5th St., Ste. 110 Tucson, AZ 85711

Time Payment Corp. PO Box 3069 Woburn, MA 01888-1969

US Foods c/o Mark Brueggemann 2011 Mall Street, Ste. B Collinsville, IL 62234